2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

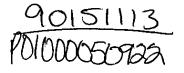
changed, or on an attachment with an address with all other

Aug 18, 2003 8:00 am Secretary of State P01000050922 DOCUMENT # 08-18-2003 90168 028 ***150.00 ACADEMY OF PROFESSIONAL CAREERS, INC. Principal Place of Business Mailing Address 114 SOUTH SEMORAN BLVD. 114 SOUTH SEMORAN BLVD. STE 1 STE 1 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 36-4466622 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAPOSTAGNO, FRANK Street Address (P.O. Box Number is Not Acceptable) 962 OROPESA AVE ORLANDO FL 32807 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.3 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Delete TITLE ☐ Addition 114 S. SEMORAN ELVO, #1 CAPOSTAGNO, FRANK NAME NAME 962 OROPESA AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32807 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change - Delete - -TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that thy name appears in Block 10 or Block 11 if

FILED

Daytime Phone #

Ottachment



Academy of Professional Careers, Inc.

114 South Semoran Blvd, Suite 1 Winter Park, Florida 32792 Phone: 407-673-8477 Fax: 407-673-3404

August 13, 2003

Division of Corporations

- Uniform Business Report Filing

P.O. Box 1500

Tallahassee, Florida 32302-1500

RE: P01000050922

This is to acknowledge receipt of the 2003 Uniform Business Report which is due by September 10, 2003. Unfortunately, I never received the first notice sent to me in order to comply with the filing date of June 6, 2003.

Because of this unusual circumstance, I would like to ask you to reconsider to waive late fee charge for this particular matter. I will assure you that this doesn't happen again in the near future.

Sincerely,

Frank Capostagno

President