

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90168 028 ***150.00

DOCUMENT # P01000050922

1. Entity Name
ACADEMY OF PROFESSIONAL CAREERS, INC.



Principal Place of Business
**114 SOUTH SEMORAN BLVD.
STE 1
WINTER PARK FL 32792**

Mailing Address
**114 SOUTH SEMORAN BLVD.
STE 1
WINTER PARK FL 32792**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-4466622**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPOSTAGNO, FRANK
962 OROPESA AVE
ORLANDO FL 32807**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

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

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D CAPOSTAGNO, FRANK**
STREET ADDRESS **962 OROPESA AVE**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☒ Change ☐ Addition
NAME **FRANK CAPOSTAGNO**
STREET ADDRESS **114 S. SEMORAN BLVD, #1**
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90151113
P01000050922

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