

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90055 029 \*\*\*158.75

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**DOCUMENT # P01000054565**

1. Entity Name

**CAREER ASSESSMENT SERVICES, INC.**

Principal Place of Business

1612 JUNE AVE., BLDG 1, STE. 1  
 PANAMA CITY FL 32406

Mailing Address

1612 JUNE AVE., BLDG 1, STE. 1  
 PANAMA CITY FL 32406

2. Principal Place of Business

1612 June Avenue

3. Mailing Address

P.O. Box 15535

Suite, Apt. #, etc.

Bldg 1 Suite 112

Suite, Apt. #, etc.

~~1612 June Avenue~~

City & State

PANAMA City FL

City & State

PANAMA City FLORIDA

Zip

32406

Country

USA

Zip

32406

Country

USA

4. FEI Number

62-1857999

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, PAMELA T DR.  
 1612 JUNE AVE., BLDG 1, STE. 1  
 PANAMA CITY FL 32406

7. Name and Address of New Registered Agent

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.

SIGNATURE

*[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable.

*Pamela T. Williamson*  
 (NOTE: Registered Agent signature required when reinstating)

3/20/02  
 DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE: President  
 NAME: DR. PAMELA T. WILLIAMSON  
 STREET ADDRESS: 1612 June Ave, Bldg 1 Suite 112  
 CITY-ST-ZIP: Panama city FL 32406

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
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 CITY-ST-ZIP:   
☐ Change ☐ Addition

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Pamela T. Williamson, (850) 522-4003  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)