

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91167 045 ***158.75

DOCUMENT # **PD10000846081**

1. Entity Name

Commercial Career Centers

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2177 N POWELL LINE RD
Suite/Apt. #, etc.

3. Mailing Address

2177 N POWELL LINE RD
Suite/Apt. #, etc.

City & State

Pompano Beach FL

City & State

Pompano Beach FL

Zip

33069

Country

USA

Zip

33069

Country

USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

MARK Butcher

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

4839 TROPICAL GARDEN DRIVE

City

Boynton Beach

FL

Zip Code

33436

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

MAY 20th 2002

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	MARK Butcher
STREET ADDRESS	4839 TROPICAL GARDEN DRIVE
CITY - ST - ZIP	Boynton Beach FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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NAME	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MARK Butcher

MAY 20th 2002 (958) 971 8132

Date

Daytime Phone #

CR2E034B (12/01)