

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075776

1. Entity Name

CAREER CONCEPTS & ASSOCIATES, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90388 033 ***150.00

Principal Place of Business

2114 NW 40 TERR
 C-3
 GAINESVILLE FL 32605

Mailing Address

2114 NW 40 TERR
 C-3
 GAINESVILLE FL 32605-3592

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

59-3398060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, WYNDOL
~~4045 NW 43RD STREET~~ 5202 SW 94th ST
~~SUITE B~~
 GAINESVILLE FL 32606 Gainesville Fl 32608

Name Smith, Wyndol
 Street Address (P.O. Box Number is Not Acceptable)
5
 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 Wyndol Smith
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-27-00
 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SMITH, WYNDOL	329 SE 71 ST. 5202 SW 94th St	GAINESVILLE FL 32647 32608	<input type="checkbox"/>
S	SMITH, WYNDOL	329 SE 71 ST. Same	GAINESVILLE FL 32647	<input type="checkbox"/>
T	SMITH, WYNDOL	329 SE 71 ST. Same	GAINESVILLE FL 32647	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	SMITH, WYNDOL	329 SE 71 ST. 5202 SW 94th St	GAINESVILLE FL 32647 32608	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Wyndol Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
 Date

352 377-5760
 Daytime Phone #

CR2E034 (9/99)