

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075776

1. Entity Name

CAREER CONCEPTS & ASSOCIATES, INC.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91122 050 \*\*\*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

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 40TH STREET~~

SUITE B

GAINESVILLE FL 32606

Name

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

2114 N.W. 40th Terr - C-3

City

Gainesville

FL

Zip Code

32606

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)

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	SMITH, WYNDOL	
STREET ADDRESS	<del>329 SE 71 ST.</del>	
CITY-ST-ZIP	<del>GAINESVILLE FL 32607</del>	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, WYNDOL	
STREET ADDRESS	<del>329 SE 71 ST.</del>	
CITY-ST-ZIP	<del>GAINESVILLE FL 32607</del>	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, WYNDOL	
STREET ADDRESS	<del>329 SE 71 ST.</del>	
CITY-ST-ZIP	<del>GAINESVILLE FL 32607</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5202 SW 94th St.	
CITY-ST-ZIP	Gainesville FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5202 SW 94th St	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5202 SW 94th St	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 (Wyndol) Smith (Smith)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

352-377-5760

Daytime Phone #

CR2E034 (10/00)