

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000033718

1. Entity Name

CAREER ALTERNATIVES & CONSULTING, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90005 008 ***150.00

Principal Place of Business
2625 N MAIN ST
STE 2
GAINESVILLE FL 32609

Mailing Address
2625 N MAIN ST
STE 2
GAINESVILLE FL 32609-6017

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
10409 NW 47th Terrace
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Gainesville, FL
Zip
32653
Country
Alachua

4. FEI Number
59-3504450
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

~~COX~~ BRENDA
2625 N MAIN ST
STE 2
GAINESVILLE FL 32609

Name
Brenda Phillips (marriage)
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 ~~Brenda Phillips~~ Brenda Phillips 4-28-00

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, 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
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Phillips
COX, BRENDA
2625 N MAIN ST STE 2
GAINESVILLE FL 32609
Delete
Delete
Delete
Delete
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition
Change
Addition
Change
Addition
Change
Addition
Change
Addition

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 information.

SIGNATURE: ~~Brenda Phillips~~ Brenda Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)