FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State
05-07-2002 90212 042 ***150.00

DOCUMENT # P98000080988

1. Entity Name
CAREER COLLABORATION RESOURCE CENTER INC.

93588

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5878 DOGWOOD DRIVE	PSAME.BOX 570576
Suite, Apt. #, etc.	Suite, Apt. #, etc.
ORLANDO, FL	
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32807 Country: USA	Zip: 32857-0576 Country: USA

4. FEI Number: 59-3531071 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JoeAnn B. Caesar, MA, MBA

Street Address (P.O. Box Number is Not Acceptable): 5878 Dogwood Drive

City: Orlando, FL 32807 **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: JoeAnn Caesar 5/31/02
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) ☒

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: CARL BEEKMAN, Ph.D. STREET ADDRESS: 3015 Drema Drive CITY-ST-ZIP: St. Cloud, FL 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VICE PRESIDENT NAME: JOEANN B. CAESAR, MA., MBA STREET ADDRESS: 5878 DOGWOOD DRIVE CITY-ST-ZIP: ORLANDO, FL 32807	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: SECRETARY NAME: STEPHANIE BEEKMAN, Ph.D. STREET ADDRESS: 3015 Drema Drive CITY-ST-ZIP: St. Cloud, Fl 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE IN THIS SPACE**
TITLE: TREASURER NAME: Patrick Geran, MBA STREET ADDRESS: 5421 Diplomat Circle CITY-ST-ZIP: Orlando, FL 328100	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: VICE PRESIDENT NAME: ARNELL LOURANT, B.A. STREET ADDRESS: 192 DahLia Village Circle CITY-ST-ZIP: Orlando, FL 32807	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034B (12/01)

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: JoeAnn Caesar, MA, MBA 4/28/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #