

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000088544**

1. Entity Name

*Corporate Candidates and
The Laeb Group, Inc. Ergonomist*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 18 PM 12:28

Principal Place of Business

Mailing Address

*3536 University Blvd. North # 122
SAX, FL 32277*

2. Principal Place of Business

SAME ABOVE

3. Mailing Address

SAME ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3538688

Applied For

Not Applicable

Zip

Country

Zip

Country

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

*William Ander McCloud, Jr.
3536 University Blvd North # 122
SAX, FL 32277*

Name

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 *William A. McCloud, Jr. VP*

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 ☐ Delete
NAME *Janet Beal, President*
STREET ADDRESS *3536 University Blvd North # 122*
CITY-ST-ZIP *SAX, FL 32277*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME *William McCloud, Jr. VP*
STREET ADDRESS *3536 University Blvd North # 122*
CITY-ST-ZIP *SAX, FL 32277*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME *Cydelle Mendius, Director*
STREET ADDRESS *3536 University Blvd North # 122*
CITY-ST-ZIP *SAX, FL 32277*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME *Mary Harris, Director*
STREET ADDRESS *3536 University Blvd North # 2708*
CITY-ST-ZIP *SAX, FL 32277*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for an 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 no 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: *Janet Beal, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01 804-744-5579

Date

Daytime Phone #

CR2E034 (11/00)