

DOCUMENT # P990000048912

1. Entity Name

CAREERLINK.COM, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-18-2000 90031 048 ***150.00

Principal Place of Business

Mailing Address

PO BOX 15342
CLEARWATER FL 33766

PO BOX 15342 1700 McMillen Booth Rd
CLEARWATER FL 33766-5342

1700 McMillen Booth Rd. D-1
CLEARWATER FL 33759

CLEARWATER FL 33759

2. Principal Place of Business

3. Mailing Address

SAME

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3578289

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

CORPORATE CREATIONS ENTERPRISES INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name

NEIL KAUTEN

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

1700 McMillen Booth Road

City

CLEARWATER

FL

Zip Code

33759

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

John Kauten V. President

Signature of agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12/31/99

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 D
NAME KAUTEN, NEIL
STREET ADDRESS PO BOX 15342
CITY-ST-ZIP CLEARWATER FL 33766 ☐ Delete
Vice President

TITLE KAUTEN, Pamela President ☐ Delete
NAME KAUTEN, Pamela
STREET ADDRESS 1700 McMillen Booth Rd Suite D-1
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

John Kauten V. President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/31/99 (727) 724-5465