

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90187 028 ***150.00

DOCUMENT # S11099

1. Entity Name
CAREER DIMENSIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 900 E OCEAN BLVD SUITE 232 STUART FL 34994	Mailing Address 900 E OCEAN BLVD SUITE 232 STUART FL 34994-3501
---	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **65-0231819** 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

WELCH, R. THOMAS
2001 RACQUET CLUB DRIVE
PALM CITY FL 34990

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, R. THOMAS	NAME	
STREET ADDRESS	2001 RACQUET CLUB DR	STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, KATHLEEN A	NAME	
STREET ADDRESS	2001 RACQUET CLUB DR	STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: R. Thomas Welch R. Thomas Welch 2/28/00 561-288-1811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)