

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # S27669**

1. Entity Name

CAREER DOCTOR, INC.

Principal Place of Business

Mailing Address

**2196 COUNTRY CLUB BLVD.
DEERFIELD BEACH FL 33442****2196 COUNTRY CLUB BLVD.
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

2595 SE 9th Street**2595 SE 9th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pompano Beach**Pompano Beach**

Zip

Country

Zip

Country

33062 Broward**33062 Broward**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LLOYD L CADWELL
2196 COUNTRY CLUB BLVD
DEERFIELD BEACH FL 33442**

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

Lloyd L Cadwell

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

(NOTE: Registered Agent signature required when reinstating)

1/3/01

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 NAME STREET ADDRESS CITY-ST-ZIP	P CADWELL, LLOYD L 2196 COUNTRY CLUB BLVD DEERFIELD BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lloyd L Cadwell***1/3/01 954-426-5389**

Date

Daytime Phone #

**FILED
Jan 20, 2001 8:00 am
Secretary of State**

01-20-2001 90014 001 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)