

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90210 030 ***150.00

DOCUMENT # P01000061188

1. Entity Name
CAREERSHOP, INC.



Principal Place of Business
**1701 PARK CENTER DRIVE
ORLANDO FL 32835**

Mailing Address
**1701 PARK CENTER DRIVE
ORLANDO FL 32835**



2. Principal Place of Business

12200 W. Colonial Drive

3. Mailing Address

12200 W. Colonial Drive

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

201

City & State

Winter Garden, FL

City & State

Winter Garden, FL

Zip

34787

Country

USA

Zip

34787

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3730675**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCARDLE, JAMES M
4606 WOODLANDS VILLAGE DRIVE
ORLANDO FL 32835**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MCARDLE, JAMES M**
STREET ADDRESS **4606 WOODLANDS VILLAGE DR.**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☐ Delete
NAME **WITTENSCHLAEGE, THOMAS**
STREET ADDRESS **C/O PCA, 5605 CARNEGIE BLVD., #500**
CITY-ST-ZIP **CHARLOTTE NC 28209**

TITLE **D** ☐ Delete
NAME **TAMI, RICHARD**
STREET ADDRESS **7645 PERSIAN COURT**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **C/O PCA, 2709 Water Ridge Parkway**
CITY-ST-ZIP **Charlotte, NC 28217**

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

12. 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 10 or Block 11 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

James M Cardle

2-14-03

407-291-9721

Date

Daytime Phone #

CR2E034 (10/02)