

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072893

1. Entity Name

CAREERSHOP.COM, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90005 030 ***150.00

Principal Place of Business 6355 METRO W BLVD STE #260 ORLANDO FL 32835 US	Mailing Address 6355 METRO W BLVD STE #260 ORLANDO FL 32835 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5422 CARRIER DRIVE	3. Mailing Address 5422 CARRIER DRIVE
Suite, Apt. #, etc. SUITE 201	Suite, Apt. #, etc. SUITE 201
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32819	Country USA

4. FEI Number 59-3397901	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCARDLE, JAMES M 4606 WOODLANDS VILLAGE DR 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
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCARDLE, JAMES M 4606 WOODLANDS VILLAGE DR ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOX, PAUL 312 DAVIDS LN RICHMOND VA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 312 ST. DAVID'S LANE 23221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, CECIL 9717 OLD COUNTRY TRACE RICHMOND VA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JULIAN 2571 CHAIN BRIDGE RD VIENNA VA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPONE, ED JR 134 JEFFERSON ST, REAR GREENSBURG PA 15601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLORD, BRUCE 5101 N.W. 21ST AVENUE, #350 FT LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WILLARD, BRUCE 9660 W. SAMPLE ROAD # 301 CORAL SPRINGS, FL 33065

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: James M. McArdle JAMES M. MCARDLE 4-26-00 (407) 363-9444 x.113
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #