

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90009 009 ****61.25

DOCUMENT # N97000001115

1. Entity Name

CAREERISTS.ORG INC.



Principal Place of Business

**3 SANTA LUCIA AVE
 ORMOND BEACH FL 32174**

Mailing Address

**3 SANTA LUCIA AVE
 ORMOND BEACH FL 32174**

00061442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3537837**

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

Name

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

City

FL

Zip Code

**POWERS, JIM
 3 SANTA LUCIA AVE
 ORMOND BEACH FL 32174**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
D POWERS, JIM
 STREET ADDRESS **3 SANTA LUCIA AVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE NAME ☐ Delete
T POWERS, JEAN
 STREET ADDRESS **630 KIRKLAND WAY #4**
 CITY-ST-ZIP **KIRKLAND WA 98033**

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS **11382 NE 36 PL # B.134**
 CITY-ST-ZIP **Bellevue WA 98004**

TITLE NAME ☐ Delete
T LEITHE, JUDY
 STREET ADDRESS **8945 SE 66TH ST**
 CITY-ST-ZIP **MERCER ISLAND WA 98040**

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition
 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 617, 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 of Jim Powers **8/16/01 904-673-6951**

CP2E037 (5/01)