2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 AM
Secretary of State

DOCUMENT# N97000001115

Entity Name: CAREERISTS.ORG INC.

Current Principal Place of Business:

3 SANTA LUCIA AVE
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

3 SANTA LUCIA AVE
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-3537837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: POWERS, JIM
Address: 3 SANTA LUCIA AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: T ( ) Delete
Name: POWERS, JEAN
Address: 11382 NE 36 PL #B134
City-St-Zip: BELLEVUE, WA 98004

Title: T ( ) Delete
Name: LEITHE, JUDY
Address: 8945 SE 66TH ST
City-St-Zip: MERCER ISLAND, WA 98040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM POWERS D 04/17/2002

Electronic Signature of Signing Officer or Director — Date