

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90395 044 ***150.00

DOCUMENT # P01000059310
1. Entity Name
A CAREER IN SALES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3807 TOPSAIL TRL
Suite, Apt. #, etc.

3. Mailing Address
3807 TOPSAIL TRL
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
New Port Richey, FL

City & State
New Port Richey, FL

Zip
34652 Country
USA

Zip
34652 Country
USA

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name - BRANDON C ADAMS
Street Address (P.O. Box Number is Not Acceptable)
3807 TOPSAIL TRAIL
City New Port Richey FL Zip Code 34652

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] DATE 5-1-02
Signature, typed or printed name of registered agent and officer, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Brandon C Adams 3807 Topsail Trl New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Joey C. Adams 3807 TOPSAIL TRL New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Benjamin L. Adams 3807 TOPSAIL TRL NPR, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Erin K. ADAMS 3807 TOPSAIL TRAIL New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034B (12/01)