

**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**

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

**DO NOT WRITE
IN THIS SPACE**

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 one applicable.

(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)** ☐

**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**

11. OFFICERS AND DIRECTORS

TITLE	DP
NAME	Brandon C Adams
STREET ADDRESS	3807 TOPSAIL TRAIL
CITY-ST-ZIP	New Port Richey, FL 34652
TITLE	DV
NAME	Joey C. Adams
STREET ADDRESS	3807 TOPSAIL TRL
CITY-ST-ZIP	New Port Richey, FL 34652
TITLE	DS
NAME	Benjamin L. Adams
STREET ADDRESS	3807 TOPSAIL TRL
CITY-ST-ZIP	NPR, FL 34652
TITLE	DT
NAME	Erin K. ADAMS
STREET ADDRESS	3807 TOPSAIL TRAIL
CITY-ST-ZIP	New Port Richey, FL 34652
TITLE	
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STREET ADDRESS	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)