

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

Mailing Address

6355 METRO W BLVD
STE #260
ORLANDO FL 32835
US

6355 METRO W BLVD
STE #260
ORLANDO FL 32835
US

2. Principal Place of Business

3. Mailing Address

5422 CARRIER DRIVE

5422 CARRIER DRIVE

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

SUITE 201

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3397901

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

32819

Country

USA

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

MCARDLE, JAMES M
4606 WOODLANDS VILLAGE DR
ORLANDO FL 32835

Name

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

City

FL

Zip Code

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DP
STREET ADDRESS MCARDLE, JAMES M
CITY-ST-ZIP 4606 WOODLANDS VILLAGE DR
ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32835

TITLE ☐ Delete
NAME D
STREET ADDRESS FOX, PAUL
CITY-ST-ZIP 312 DAVIDS LN
RICHMOND VA

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 312 ST. DAVIDS LANE
CITY-ST-ZIP 23221

TITLE ☐ Delete
NAME D
STREET ADDRESS MARTIN, CECIL
CITY-ST-ZIP 9717 OLD COUNTRY TRACE
RICHMOND VA

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 23233

TITLE ☒ Delete
NAME D
STREET ADDRESS JOHNSON, JULIAN
CITY-ST-ZIP 2571 CHAIN BRIDGE RD
VIENNA VA

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SAPONE, ED JR
CITY-ST-ZIP 134 JEFFERSON ST, REAR
GREENSBURG PA 15601

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

TITLE ☐ Delete
NAME D
STREET ADDRESS WELLORD, BRUCE
CITY-ST-ZIP 5101 N.W. 21ST AVENUE, #350
FT LAUDERDALE FL 33309

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS WILLARD, BRUCE
CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. MCARDLE

4-26-00

(407) 363-9444 x.113

Date

Daytime Phone #