

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90047 037 ***158.75

DOCUMENT # F00000006923

1. Entity Name
POSITIVE CHANGES BROWARD, INC.

Principal Place of Business
POSITIVE CHANGES HYPNOSIS
2236 N. UNIVERSITY DRIVE
POMPANO BEACH FL 33071-6184

Mailing Address
POSITIVE CHANGES HYPNOSIS
2236 N. UNIVERSITY DRIVE
POMPANO BEACH FL 33071-6184



2. Principal Place of Business **BROWARD, INC.**
POSITIVE CHANGES
 Suite, Apt. #, etc.

3. Mailing Address **INC.**
POSITIVE CHANGES BROWARD,
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State 4. FEI Number **65-1046357** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MARCUS, LEE E
2236 N. UNIVERSITY DRIVE
CORAL SPRINGS FL 33071-6184

7. Name and Address of New Registered Agent
 Name **MARCUS, LEE E.**
 Street Address (P.O. Box Number is Not Acceptable)
C/O POSITIVE CHANGES BROWARD, INC.
2236 N. UNIVERSITY DRIVE
 City **CORAL SPRINGS, FL** Zip Code **33071-6184**

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 **Lee E. Marcus, President** DATE **4-30-2002**
 Signature, typed or printed name of registered agent and title 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. ☒ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	PSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCUS, LEE E		NAME		
STREET ADDRESS	2236 N. UNIVERSITY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **Lee E. Marcus, President** DATE **4-30-02** DAYTIME PHONE # **954-341-5611**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)