

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005060

1. Entity Name

POSITIVE ADJUSTMENTS OF FLORIDA, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90083 015 ***150.00

Principal Place of Business 3049 SO. CLEVELAND AVE., STE. 100 FT. MYERS FL 33901	Mailing Address 3049 SO. CLEVELAND AVE., STE. 100 FT. MYERS FL 33901
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. BOX 50064 Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 50064 Suite, Apt. #, etc.
City & State FT. MYERS FL.	City & State FT. MYERS FL.
Zip 33994-0064	Country USA

4. FEI Number 88-0431753	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ERWIN, RAY R 3049 SO. CLEVELAND AVE., STE. 100 FT. MYERS FL 33901 <i>NEW ADDRESS ONLY</i>

7. Name and Address of New Registered Agent Name RAY ERWIN Street Address (P.O. Box Number is Not Acceptable) 14568 RIVERSIDE DR. City FT. MYERS FL Zip Code 33905

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 <i>Ray R Erwin</i> DATE <i>1/13/01</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS JONES, GERALDINE A 3049 SO. CLEVELAND AVE., STE. 100 FT. MYERS FL 33901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ERWIN, RAYMOND R 3049 SO. CLEVELAND AVE., STE. 100 FT. MYERS FL 33901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Ray R Erwin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>1/13/01</i>	Daytime Phone # <i>941-847-1775</i>
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CR2E034 (10/00)