

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

01-23-2001 90083 015 \*\*\*150.00

**DOCUMENT # F99000005060**

1. Entity Name

**POSITIVE ADJUSTMENTS OF FLORIDA, INC.**

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

UUUUUUUU



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*PO, Box 50064*

3. Mailing Address

*PO, Box 50064*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*FT. MYERS FL.*

City & State

*FT. MYERS FL.*

4. FEI Number **88-0431753**

Applied For

Not Applicable

Zip

*33994-0064*

Country

*USA*

Zip

*33994-0064*

Country

*USA*

5. Certificate of Status Desired

**\$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~~

*NEW ADDRESS ONLY*

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/13/01*

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, 2001 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

TITLE	CVS	<input type="checkbox"/> Delete
NAME	JONES, GERALDINE A	
STREET ADDRESS	3049 SO. CLEVELAND AVE., STE. 100	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	PT	<input type="checkbox"/> Delete
NAME	ERWIN, RAYMOND R	
STREET ADDRESS	3049 SO. CLEVELAND AVE., STE. 100	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*[Signature]* RAY R. ERWIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/13/01*

Date

*941-849-1775*

Daytime Phone #

CR2E034 (10/00)