

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90125 009 \*\*\*\*50.00

**DOCUMENT # L01000017457**  
 1. Entity Name  
**POSITIVE PURPOSE INTERNATIONAL, LLC**

Principal Place of Business      Mailing Address  
**2604 IROQUOIS AVE**      **2604 IROQUOIS AVE**  
**SANFORD FL 32773**      **SANFORD FL 32773**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      PO BOX 1471  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**GENEVA FL**  
 Zip      Country      Zip      Country  
**32732**      **SEMINOLE**

4. FEI Number      Applied For  
**59-3754941**      Not Applicable  
 5. Certificate of Status Desired       **\$5.00 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**DONAHUE, MICHELLE R**  
**2604 IROQUOIS AVE**  
**SANFORD FL 32773**

**7. Name and Address of New Registered Agent**  
 Name      **GEORGE HODGES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**585 SOUTH CR-427 SUITE 121**  
 City      **LONGWOOD**      **FL**      Zip Code  
**32750-5462**

**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      **GEORGE HODGES, EA**      *George Hodges*      **3-18-02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>DONAHUE, MICHELLE R</b> <b>2604 IROQUOIS AVE</b> <b>SANFORD FL 32773</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

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

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** *Michelle R. Donahue*      **2/27/02**      **407-321-5394**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #  
**MICHELLE R. DONAHUE**

CR2E083 (9/01)