

# 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

**2604 IROQUOIS AVE  
SANFORD FL 32773**

Mailing Address

**2604 IROQUOIS AVE  
SANFORD FL 32773**

2. Principal Place of Business

3. Mailing Address

**PO BOX 1471**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**GENEVA FL**

Zip

Country

Zip

**32732**

Country

**SEMINOLE**

4. FEI Number

**59-3754941**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DONAHUE, MICHELLE R  
2604 IROQUOIS AVE  
SANFORD FL 32773**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-18-02**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DONAHUE, MICHELLE R  
2604 IROQUOIS AVE  
SANFORD FL 32773** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

CR2E083 (9/01)