

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90013 008 ****70.00

DOCUMENT.# NO1000007067

1. Entity Name

POSITIVE LIFEFORCE, INC.



Principal Place of Business

Mailing Address

136 4TH STREET N STE 301
 ST PETERSBURG FL 33701

136 4TH STREET N STE 301
 ST PETERSBURG FL 33701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1045 9th Ave. N.

P.O. Box 89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 St. Petersburg, FL

City & State
 St. Petersburg, FL

4. FEI Number
 80-0020385

☒ Applied For
☐ Not Applicable

Zip
 33704

Country
 Pinellas

Zip
 33731

Country
 Pinellas

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARMEN, BRANT D
 5939 9TH AVE S
 GULFPORT FL 33707

Name
 Brant D. Karmen
 Street Address (P.O. Box Number is Not Acceptable)

124 1/2 19th Ave South

City
 St. Petersburg FL Zip Code
 33705

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 Brant D. Karmen

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
 NAME D
 ASKEY, KAREN
 STREET ADDRESS 9749 86TH AVE N
 CITY-ST-ZIP LARGO FL 33777

TITLE ☐ Change ☒ Addition
 NAME S
 Wayne Mullin
 STREET ADDRESS 477 Genoa Circle N.E.
 CITY-ST-ZIP St. Petersburg, FL 33703

TITLE ☐ Delete
 NAME D
 BRITAIN, DENISE
 STREET ADDRESS 555 5TH AVE N
 CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE ☐ Change ☒ Addition
 NAME T
 David Radinfore
 STREET ADDRESS 5136 68th St N. Apt. # C
 CITY-ST-ZIP St. Petersburg, FL 33709

TITLE ☒ Delete
 NAME D
 DOUGLASS, DWIGHT
 STREET ADDRESS 2007 DUNSTON COVE RD
 CITY-ST-ZIP CLEARWATER FL 33755

TITLE ☐ Change ☒ Addition
 NAME
 Jeanette Reid
 STREET ADDRESS 3025 50 St. S.
 CITY-ST-ZIP Gulfport, FL 33707

TITLE ☐ Delete
 NAME D
 OULEY, MARCIA
 STREET ADDRESS 3222-B 40TH WAY S
 CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE ☐ Change ☒ Addition
 NAME
 William Whipple
 STREET ADDRESS 3100 10th St. N. St. Petersburg, FL
 CITY-ST-ZIP 33704

TITLE ☐ Delete
 NAME D
 KARMEN, BRANT D
 STREET ADDRESS 5939 9TH AVE S
 CITY-ST-ZIP GULFPORT FL 33707

TITLE ☒ Change ☐ Addition
 NAME P
 Karmen, Brant D.
 STREET ADDRESS 124 1/2 19th Ave South
 CITY-ST-ZIP St. Petersburg, FL 33705

TITLE ☐ Delete
 NAME D
 MOORE, CECIL
 STREET ADDRESS 4842-B COQUINA KEY DRIVE SE
 CITY-ST-ZIP ST PETERSBURG FL 33705

TITLE ☒ Change ☐ Addition
 NAME Y-P
 Marcia Duley
 STREET ADDRESS 2247 7th Ave. N.
 CITY-ST-ZIP St. Petersburg, FL 33713

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE REQUIRED

Date Daytime Phone #

(727) 686 0487

CR2E037 (9/01)