2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-11-2003 90279 031 ****70.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000007067

1. Entity Name

POSITIVE LIFEFORCE, INC.

Principal Place of Business	Mailing Address
1045 9TH AVE N SAINT PETERSBURG FL 33704	PO BOX 89 ST. PETERSBURG FL 33731

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2734 CENTRAL AVE	2734 CENTRAL AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PETERSBURG, FL	City & State: St. Petersburg, FL
Zip: 33712 Country: PINELLAS	Zip: 33712 Country: Pinellas

4. FEI Number 80-0020385 ☐ Applied For ☐ Not Applicable

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 124 1/2 19TH AVE S SAINT PETERSBURG FL 33705	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MULLIN, WAYNE 477 GENOA CIRCLE NE SAINT PETERSBURG FL 33703	☒ Delete	D MARC DUNN 7700 SUN ISLAND DR. #702 ST. PETERSBURG, FL 33707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RACHINTORE, DAVID 5136 68TH STREET N APT #C SAINT PETERSBURG FL 33709	☐ Delete	T/D RASCHIATORE, DAVID 5136 68th St N APT C ST PETERSBURG, FL 33709	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOUGLASS, DWIGHT 2007 DUNSTON COVE RD CLEARWATER FL 33755	☒ Delete	D JEANETTE B. REID 3025 50th St. S. GULFPORT, FL 33707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DULEY, MARCIA 3222-B 40TH WAY S ST PETERSBURG FL 33711	☐ Delete	VP/D MARCIA DULEY 3247 7th Ave N. ST. PETERSBURG, FL 33713	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KARMEN, BRANT D 124 1/2 19TH AVE S. SAINT PETERSBURG FL 33705	☐ Delete	P/D BRANT KARMEN 124 1/2 19th Ave S. ST. PETERSBURG FL 33705	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DALEY, MARCIA 2247 7TH AVE N SAINT PETERSBURG FL 33713	☒ Delete	D WILLIAM WHIPPLE 234 72 ST. N. ST. PETERSBURG FL 33705	☐ Change ☒ Addition

CR2E037 (4/03)

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 DAVID J. RASCHIATORE 8/7/03 727-545-0540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #