

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

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90066 048 \*\*\*\*\*61.25

**DOCUMENT # N02000009620**

1. Entity Name

**POSITIVE IMAGES, INC.**



Principal Place of Business

**632 W FIFTH ST  
LAKELAND FL 33805**

Mailing Address

**P O BOX 93437  
LAKELAND FL 33804**

2. Principal Place of Business

**2010 W Bella Vista Street**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Lakeland FL**

City & State

Zip

**33805**

**US**

Zip

Country

Country

4. FEI Number

**59-3693312**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**THOMPSON, ALONZO E  
7627 HABERSHAM DR  
LAKELAND FL 33810**

7. Name and Address of New Registered Agent

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

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  
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

TITLE **D** ☐ Delete  
NAME **THOMPSON, ALONZO**  
STREET ADDRESS **7627 HABERSHAM DR**  
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **D** ☐ Delete  
NAME **WILLIAMS, JEFFREY**  
STREET ADDRESS **115 W CRAWFORD ST**  
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **D** ☐ Delete  
NAME **IVEY, ERNIE**  
STREET ADDRESS **702 SWISS DR**  
CITY-ST-ZIP **LAKELAND FL 33805**

TITLE **D** ☐ Delete  
NAME **Tomoka Thompson**  
STREET ADDRESS **7627 Habersham Drive**  
CITY-ST-ZIP **Lakeland FL 33810**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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**

**9-8-03**

CR2E037 (4/03)