

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

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90319 027 ****61.25

DOCUMENT # NO3000007473

1. Entity Name
AKBAR POSITIVE CHANGE FOUNDATION, INC



DO NOT WRITE IN THIS SPACE

94056674

2. Principal Place of Business
2304 NORTH FLORIDA AVENUE
Suite, Apt. #, etc.

3. Mailing Address
2304 NORTH FLORIDA AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number ☒ Applied For
Not Applicable

Zip Country
33602-2251 USA

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33602-2251 USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **ALI AKBAR**

Street Address (P.O.-Box Number is Not Acceptable)

2304 NORTH FLORIDA AVENUE

City **TAMPA**

FL

Zip Code
33602-2251

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

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	DC ALI AKBAR 2304 NORTH FLORIDA AVENUE TAMPA FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES JACKSON 5805 58TH STREET COURT TAMPA FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUG CARLSON 16502 ROUNDPAK DRIVE TAMPA FL 33618
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)