

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 23, 2000 8:00 am**  
**Secretary of State**

06-23-2000 90107 017 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **N9400000274**  
 1. Entity Name  
**HIV POSITIVE GUILT NEGATIVE INC**  
**d.b.a. Positive Expressions**

Principal Place of Business Mailing Address

2. Principal Place of Business  
**2825 BEACH BLVD S**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P O BOX 530623**  
 Suite, Apt. #, etc.

City & State  
**GULF PORT FL**  
 Zip  
**33707**  
 Country  
**Pinellas**

City & State  
**ST PETERSBURG FL**  
 Zip  
**33747**  
 Country  
**Pinellas**

4. FEI Number  
**59-3227808**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**AMY OATLEY**  
**9991-53 AVE N**  
**ST. PETERSBURG, FL 33708**

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.

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**

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P/T</b>
STREET ADDRESS	<b>AMY OATLEY</b>
CITY-ST-ZIP	<b>9991 53 AVE N</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S/D</b>
STREET ADDRESS	<b>NANCY MARKES</b>
CITY-ST-ZIP	<b>6336 NEWTOWN CR #4</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b>
STREET ADDRESS	<b>STERLING POWELL</b>
CITY-ST-ZIP	<b>526 S ST N #5</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **AMY OATLEY, Pres.** 6/19/00 727-481-4439  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/98)