

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
 05-22-2001 90052 033 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000000274 ✓

1. Entity Name
 HIV POSITIVE GUILT NEGATIVE INC
 & ba POSITIVE EXPRESSIONS

Principal Place of Business **Mailing Address**

2. Principal Place of Business **3. Mailing Address**
 2435 CENTRAL AVE PO BOX 530623

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 ST. PETERSBURG ST PETERSBURG

Zip **Country** **Zip** **Country**
 33713 33747

4. FEI Number **Applied For**
 59-322 7808 ☐ 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**

AMY OATLEY
 9941-53 AVE N
 ST. PETERSBURG, FL 33708

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 **AMY OATLEY, DIRECTOR** **4/23/01**
 Signature, typed or printed name of registered agent and title if applicable. (NO Registered Agent signature required when reinstating) DATE

FILE NOW: **FEE IS \$61.25** **9. Election Campaign Financing** **\$5.00 May Be**
 Trust Fund Contribution. ☐ Added to Fees **Make Check Payable to:**
 Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BILL TRACY 1917 ECLINTON AVE TAMPA, FL 33610 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHELE KING 5107 27 AVE S GULFPORT, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DWAIN REAM 4915 INDEPENDENCE PKWY FS1-2 TAMPA, FL 33634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRK STOKES PHD 4401 CENTRAL AVE ST. PETERSBURG, FL 33713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERRY WILLIAMSON 1925 53 ST. S. ST. PETERSBURG, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIAN MOORE 6243 5 AVE S ST PETERSBURG, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEITH CHAPMAN 3202 39 ST S UNIT E ST PETERSBURG FL 33711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: **AMY OATLEY** **5/2/01** **727-481-9939**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/00)