

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90200 001 \*\*\*122.50

**DOCUMENT # N95000003819**

1. Entity Name

**POSITIVE IMAGES ALTERNATIVE ENRICHMENT GROUP INC**

Principal Place of Business

**209 LITTLE HAMPTON CLOSE  
 LONGWOOD FL 32778**

Mailing Address

**P.O. BOX 2186  
 PALATKA FL 32178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3330079**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HUTCHERSON, LAWRENCE  
 1016 ST JOHNS AVE  
 PALATKA FL 32177**

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  
 After September 12, 2001, min. will be \$236.25**

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 **PCEO** ☐ Delete  
 NAME **GADDIS, DWAYNE K REV.**  
 STREET ADDRESS **307 MARKET STREET**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **VPD** ☐ Delete  
 NAME **SMITH, SYLVESTER**  
 STREET ADDRESS **209 LITTLE HAMPTON CLOSE**  
 CITY-ST-ZIP **LONGWOOD FL 32778**

TITLE **VPD** ☐ Delete  
 NAME **BROCKINGTON, H. FRAZIER II**  
 STREET ADDRESS **1590 ROCHELLE LANE**  
 CITY-ST-ZIP **OVIDO FL 32765**

TITLE **TD** ☐ Delete  
 NAME **COLBERT, ALVIN E**  
 STREET ADDRESS **3817 TRAM COURT**  
 CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **D** ☐ Delete  
 NAME **HUTCHERSON, LAWRENCE**  
 STREET ADDRESS **1016 ST JOHNS AVE**  
 CITY-ST-ZIP **PALATKA FL 32177**

TITLE **SD** ☐ Delete  
 NAME **WILLIAMS, JOHNATHAN**  
 STREET ADDRESS **1016 ST JOHNS AVE**  
 CITY-ST-ZIP **PALATKA FL 32177**

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

TITLE ☐ Change ☐ Addition  
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 NAME  
 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 of Lawrence Hutcherson*

9/8/01

CR2E037 (5/01)