

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

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90159 047 ****62.00

DOCUMENT # N97000000596

1. Entity Name
POSITIVE IMAGE COMMITTEE, INC.



Principal Place of Business
**3202 N. JEFFERSON STREET
TAMPA FL 33603**

Mailing Address
**3202 N. JEFFERSON STREET
TAMPA FL 33603**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3478070**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KNIGHT, MARVIN R
3202 N JEFFERSON STREET
TAMPA FL 33603**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KNIGHT, MARVIN R	
STREET ADDRESS	3203 N JEFFERSON STREET	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PALMER, DARRELL T	
STREET ADDRESS	12317 LANGSHANE DRIVE	
CITY-ST-ZIP	TAMPA FL 33592	
TITLE	CST	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, TANYA	
STREET ADDRESS	3808 CLEARFIELD AVENUE	
CITY-ST-ZIP	TAMPA FL 33549	
TITLE	S	<input type="checkbox"/> Delete
NAME	FORWARD, CYNTHIA M	
STREET ADDRESS	19501 COACHLIGHT WAY	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	T	<input type="checkbox"/> Delete
NAME	PALMER, DARRELL T	
STREET ADDRESS	12317 LANGSHANE DR	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	PA	<input type="checkbox"/> Delete
NAME	BRADLEY, TWANDA E	
STREET ADDRESS	7927 PINE DRIVE	
CITY-ST-ZIP	TAMPA FL 33637	

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		
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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: **SIGNATURE REQUIRED**

4/1/03 813-878-3812

CR2E037 (10/02)