

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90139 045 ***158.75

DOCUMENT # P02000057998

1. Entity Name
POSITIVE SOLUTIONS, INC.



Principal Place of Business
**8824 SE OAK GROVE TERRACE
HOBE SOUND FL 33455**

Mailing Address
**1515 SOUTH FEDERAL HIGHWAY
300
BOCA RATON FL 33432**



2. Principal Place of Business

3. Mailing Address

8824 SE OAK GROVE TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOBE SOUND, FL

Zip

Country

Zip

Country

33455

US

4. FEI Number

41 2046484

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ALLISON, DONALD M ESQ.
1515 SOUTH FEDERAL HIGHWAY
300
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

ROBERT H. WINER

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

8824 SE OAK GROVE TERRACE

City

HOBE SOUND

FL

Zip Code

33455

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

Robert H. Winer, ROBERT H. WINER, PRES. 3/7/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	WINER, ROBERT H	8824 SE OAK GROVE TERRACE	HOBE SOUND FL 33455	<input type="checkbox"/>
SD	WINER, LESLIE A	8824 SE OAK GROVE TERRACE	HOBE SOUND FL 33455	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 607, 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:

ROBERT H. WINER, PRES.

3/7/03

772-545-9395

Date

Daytime Phone #

CR2E034 (10/02)