## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P9400080437 Aug 02, 2000 8:00 am Secretary of State POSITIVE ASSET MANAGEMENT CORPORATION 08-02-2000 90152 034 \*\*\*550 00 Principal Place of Business Mailing Address 677 N WASHINGTON BLVD 677 N WASHINGTON BLVD SARASOTA FL 34236-4241 SARASOTA FL 34136-4241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 04-3086572 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIEDRICH, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 677 N WASHINGTON BLVD SARASOTA FL 34236 City 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE Change TITI F ☐ Delete DIEDRICH, RICHARDJ NAME NAME 677 N WASHINGTON BLVD STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP DVS ☐ Addition TITLE Delete TITLE Change DIEDRICH, JUDITH NAME NAME 677 N WASHINGTON BLVD STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP TITLE ☐ Delete TITLE ' Change - Addition DIEDRICH, PAMELA NAME NAME 677 N WASHINGTON BLVD STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with a following the empowered.

CITY-ST-7IP

SIGNATURÉ:

CITY-ST-ZIP

Queux 26,2000

(941)952-583