

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072712

1. Entity Name  
POSITIVE CHANGES HYPNOSIS, INC.

Principal Place of Business

848 1ST AVE. N.  
STE 350  
NAPLES FL 34102

Mailing Address

848 1ST AVE. N.  
STE 350  
NAPLES FL 34103-4507

2. Principal Place of Business

2900 14th North

Suite, Apt. #, etc.

Suite 4

City & State

Naples Florida

Zip

34103

Country

Collier

3. Mailing Address

2614 N. Tamiami Trail

Suite, Apt. #, etc.

# 632

City & State

Naples Florida

Zip

34103

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3535341

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRUNDAGE, PHILLIP  
1363 EMBASSY LN  
NAPLES FL 34104

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

9. This corporation is eligible to satisfy its Intangible  
tax filing requirement and elects to do so.  
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
BRUNDAGE, PHILLIP  
1363 EMBASSY LN  
NAPLES FL 34104

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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  
provided 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-00 941 643 7717