

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192
FILED

02 APR 12 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS



CORPORATION

DOCUMENT # P99000025809

1. Corporation Name

CHANGES IN ATTITUDES, INC.

2. Principal Office Address

2400 SAND LAKE ROAD

Suite, Apt. #, etc.

SUITE 500

City & State

ORLANDO, FL

Zip

32809

Country

USA

3. Mailing Office Address

2400 SAND LAKE ROAD

Suite, Apt. #, etc.

SUITE 500

City & State

ORLANDO, FL

Zip

32809

Country

USA

2001-2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

3/15/99

5. FEI Number

59-3566344

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SWART, HARRY J

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

717 EAST OAK STREET

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34744

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date March 26, 2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	PINSON, TERESA	SUITE 500 2400 SAND LAKE ROAD	ORLANDO, FL 32809
DVP	PINSON, BOBBY G	SUITE 500 2400 SAND LAKE ROAD	ORLANDO, FL 32809

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Teresa R. Pinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

Date

407-470-1234

Daytime Phone #

CR2E081 (9/01)

282

April 25, 2002

Division of Corporations
Florida Department of State
Attn: Cathy Ashton
409 E. Gaines Street
Tallahassee, FL 32314

RE: Ref. Number: P99000025809

Dear Cathy:

As per our conversation yesterday, I would like to start out by thanking you for your time on the phone with my husband.

We are quite confident that the address we are at now will be fixed for quite sometime.

My reason for asking for the provision for waiver is due to the fact that we never received the Uniform Business Report 2001.

Enclosed please a check per our conversation for \$308.75.

Thank you for your time and consideration

Sincerely,



Teresa R. Pinson
President