


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0014484 AV

DOCUMENT # P99000025809

1. Entity Name
CHANGES IN ATTITUDES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 10 AM 8:00

Principal Place of Business
**2400 SAND LAKE ROAD, SUITE 500
ORLANDO FL 32809**

Mailing Address
**2400 SAND LAKE ROAD, SUITE 500
ORLANDO FL 32809**



2. Principal Place of Business
**7800 Southland Blvd
Suite # 111
Orlando, FL
32809 USA**

3. Mailing Address
**7800 Southland Blvd
Suite # 111
Orlando, FL
32809 USA**

☒ CHECK HERE IF MAKING CHANGES **MRD**

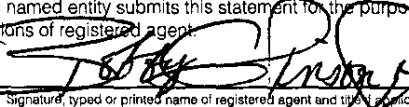
4. FEI Number **59-3566344** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SWART, HARRY J
717 EAST OAK STREET
KISSIMEE FL 34744**

7. Name and Address of New Registered Agent
Name **Bobby Pinson**
Street Address (P.O. Box Number is Not Acceptable) **7800 Southland Blvd Ste. #111**
City **Orlando** FL Zip Code **32809**

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  **Bobby Pinson Jr. VP** DATE **9-5-03**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	PSTD PINSON, TERESA 2400 SAND LAKE ROAD, SUITE 500 ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PINSON, BOBBY G 2400 SAND LAKE ROAD, SUITE 500 ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Pinson Teresa 7800 Southland Blvd Ste. 111 Orlando FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Pinson, Bobby G 7800 Southland Blvd Ste. 111 Orlando FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700022934087 09/10/03--01064--021 **558.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Bobby Pinson Jr.** DATE **9-5-03** DAYTIME PHONE # **407-251-5051**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)