

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90255 024 ***150.00

DOCUMENT # P99000071543

1. Entity Name

POSITIVE PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

~~1401 JULIE LAGOON~~
~~LUTZ FL 33549~~

see below
 changes

~~1401 JULIE LAGOON~~
~~LUTZ FL 33549-5941~~

2. Principal Place of Business

3. Mailing Address

220 E. Madison St.

220 E Madison St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

730

730

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33602

USA

33602

USA

4. FEI Number

59-3681247

☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON, KELLY
1710 SPRING CREEK DR.
SARASOTA FL 34239-5047

Name
John Madden
 Street Address (P.O. Box Number is Not Acceptable)
3107 W. Horatio St.
#21
 City
Tampa
 FL Zip Code
33609

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 **John Madden**

Signature, typed or printed name of registered agent and title if applicable

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/29/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Noel D. Pease 1401 Julie Lagoon Lutz, FL 33549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President & Treasurer John Madden 3107 W. Horatio St # 21 Tampa, FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairperson & Vice President Kelly Hamilton 1710 Spring Creek Dr. Sarasota, FL 34239-5047	<input checked="" 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 all other like empowered.

SIGNATURE: **Noel D. Pease** **Director & President** **4/29/2000** **(813) 204-9795**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)