

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V23267

1. Entity Name

POSITIVE AWARENESS SERVICES, P.A.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90169 021 \*\*\*150.00

Principal Place of Business

Mailing Address

5800 - 49TH STREET NORTH  
SUITE 106 SO.  
ST. PETERSBURG FL 33709

5800 - 49TH STREET NORTH  
SUITE 106 SO.  
ST. PETERSBURG FL 33709-2146

2. Principal Place of Business

3. Mailing Address

6218 FAIRWAY BAY BLVD S 6218 FAIRWAY BAY BLVD S

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
GULFPORT FL

City & State  
GULFPORT FL

4. FEI Number 59-3117367

Applied For  
Not Applicable

Zip  
33707

Country  
PINELLAS

Zip  
33707

Country  
PINELLAS

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

PASCUAL, ERLINDA G.  
5800 - 49TH STREET NORTH  
SUITE 106 SO.  
ST. PETERSBURG FL 33709

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PASCUAL, ERLINDA G.	5800 - 49 ST. N., #106 S	ST. PETERSBURG FL	<input type="checkbox"/>
D	PASCUAL, RAFAEL S.	5800 - 49 ST. N., #106 S	ST. PETERSBURG FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		6218 FAIRWAY BAY BLVD S	GULFPORT FL 33707	<input type="checkbox"/>	<input type="checkbox"/>
		6218 FAIRWAY BAY BLVD S	GULFPORT FL 33707	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)