

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F20583

1. Entity Name

PRODUCTIVITY DEVELOPMENT SYSTEMS, INC.

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90430 027 \*\*\*150.00

Principal Place of Business

Mailing Address

33 N. GARDEN AVE.  
STE. #910  
CLEARWATER FL 34615

33 N. GARDEN AVE.  
STE. #910  
CLEARWATER FL 33755-6601

2. Principal Place of Business

2635 McCormick Drive

3. Mailing Address

2635 McCormick Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

Suite 102

City & State

City & State

CLEARWATER FL

CLEARWATER FL

Zip

Country

Zip

Country

33759

33759



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2104400

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

LETIZE, LETA  
33 GARDEN AVE #910  
CLEARWATER FL 34615

Name

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

2635 McCormick Drive Suite 102

City

CLEARWATER

FL

Zip Code

33759

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 ☐ Delete  
NAME DCP  
STREET ADDRESS LETIZE, LETA  
CITY-ST-ZIP 33 GARDEN AVE #910  
CLEARWATER FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2635 McCormick Drive Suite 102  
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ Delete  
NAME DST  
STREET ADDRESS DONOVAN, JOHN M.  
CITY-ST-ZIP 33 GARDEN AVE #910  
CLEARWATER FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2635 McCormick Drive Suite 102  
CITY-ST-ZIP CLEARWATER FL 33759

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00

727-443-0313

CR2E034 (9/99)