

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90028 013 ***150.00

DOCUMENT # F98000003954

1. Entity Name

PRODUCT DEVELOPMENT RESEARCH, INC.

Principal Place of Business

531 BOCA CIEGA POINT BLVD. NORTH
ST. PETERSBURG FL 33708

Mailing Address

531 BOCA CIEGA POINT BLVD. NORTH
ST. PETERSBURG FL 33708

343003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 11-2434849

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LITT, WILLIAM
531 BOCA CIEGA POINT BLVD. NORTH
ST. PETERSBURG FL 33708

7. Name and Address of New Registered Agent

Name LITT, ROSALIND R
Street Address (P.O. Box Number is Not Acceptable)
531 BOCA CIEGA POINT BLVD N
City ST PETERSBURG FL Zip Code 33708

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 Rosalind R. Litt

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

2-22-01

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, 2001 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

TITLE CP
NAME LITT, WILLIAM
STREET ADDRESS 531 BOCA CIEGA POINT BLVD. NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33708 ☐ Delete

TITLE WV
NAME LITT, ROSALIND R
STREET ADDRESS 531 BOCA CIEGA POINT BLVD. NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33708 ☐ Delete

TITLE STD
NAME LITT, LAWRENCE
STREET ADDRESS 56 EAST 24TH STREET
CITY-ST-ZIP HUNTINGTON STATION NY 11746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
STREET ADDRESS 2045 EAST BAY DRIVE #425
CITY-ST-ZIP LARGO FL 33771 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Rosalind R. Litt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-01 (727) 319-6600
Date Daytime Phone #

CR2E034 (10/00)