

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90206 039 ****50.00

DOCUMENT # L00000005387

1. Entity Name

PRODUCTIVE IDEAS, L.L.C.

Principal Place of Business

P.O. BOX 3191
 PONTE VEDRA BEACH FL 32004-3191

Mailing Address

P.O. BOX 3191
 PONTE VEDRA BEACH FL 32004-3191

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3646306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGHAM, DAVID W
C/O LANGHAM & LANGHAM, P.A.
13000 SAWGRASS VILLAGE CIRCLE, SUITE 28
PONTE VEDRA FL 32082

Name

LARRY E. ROSE

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

100 DEER HAVEN DRIVE

City

PONTE VEDRA BEACH

FL

Zip Code

32082

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

Larry E. Rose

LARRY E. ROSE - CHAIRMAN

3/27/2002

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	C	<input type="checkbox"/> Delete
NAME	ROSE, LARRY E	
STREET ADDRESS	100 DEER HAVEN DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROSE, VICKIE L	
STREET ADDRESS	100 DEER HAVE DR	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Larry E. Rose **LARRY E. ROSE**

3/27/2002

(904) 273-9626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)