

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015271

1. Entity Name

PRODUCTIVE WORKS, L.L.C.

Principal Place of Business

Mailing Address

4921 EBENSBURG DRIVE  
TAMPA, FL 33647

2. Principal Place of Business

4921 EBENSBURG DRIVE

3. Mailing Address

4921 EBENSBURG DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL 33647

City & State

TAMPA, FL 33647

Zip

Country

Zip

Country

4. FEI Number

N/A

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

ALAN S. GASSMAN, ESQ.  
1245 COURT STREET SUITE 102  
CLEARWATER, FL 33756

## 7. Name and Address of New Registered Agent

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.

(NOT Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

200004336742--2

-05/31/01--01091--002

\*\*\*\*\*50.00- \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME TRELVIS L. RAGIN, M.D. ☐ Delete  
STREET ADDRESS 4921 EBENSBURG DRIVE  
CITY-ST-ZIP TAMPA, FL 33647 MEMBER/MANAGER

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

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

DATE

Daytime Phone #

FILED

2001 MAY -2 PM 3:06

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CR2E083 (11/00)