

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90003 008 ****50.00

DOCUMENT # L02000000521

1. Entity Name

PRACTICAL PRODUCTS GROUP, LLC



Principal Place of Business

**1125 O'DAY COURT
WINTER SPRINGS FL 32708**

Mailing Address

**1125 O'DAY COURT
WINTER SPRINGS FL 32708**

2. Principal Place of Business

4479 HARBOUR LIGHTS COURT

3. Mailing Address

4479 HARBOUR LIGHTS COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

04-3587988

Applied For

Not Applicable

Zip

32817

Country

ORANGE

Zip

32817

Country

ORANGE

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HODGES, GEORGE
585 SOUTH CR-427, SUITE 121
LONGWOOD FL 32750-5462**

7. Name and Address of New Registered Agent

Name

HODGES, GEORGE

Street Address (P.O. Box Number is Not Acceptable)
585 SOUTH RONALD REAGAN BLVD

SUITE 121

City

LONGWOOD

FL

Zip Code

32750-5462

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **REED, DAVID J**
CITY-ST-ZIP **4479 HARBOUR LIGHTS COURT**
ORLANDO FL 32817

TITLE ☒ Delete
NAME **MGRM**
STREET ADDRESS **MALINOWSKI, DAVID J**
CITY-ST-ZIP **1125 O'DAY COURT**
WINTER SPRINGS FL 32708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

407 678-6265

CR2E083 (10/02)