2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900003016					SECRETARY OF STATE DIVISION OF CORPORATIONS			
VIRTUAL PRODUCTIVITE, L.L.C.								
Principal Place 1140 WOODM WINTER PARK	ere drive	Mailing Address 1140 WOODMERE DRIVE WINTER PARK FL 32789	40 WOODMERE DRIVE		- 00 OCT -5 AM (1: 02			
Principal Place of Business 3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State Ci		City & State	ty & State		4. FEI Number Applied For Not Applicable			
Zip Country Zi		Zip	p Country		5. Certificate of Status Desired Status Desired Fee Required			
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent			
SPIEGEL & UTRERA, P.A.				Name .				
	RIA AVENUE	,		Street Address (P.O. Box Number is Not Acceptable)				
	ABLES FL 33134							
			Ī	City	FL Zip Code			
8. The above	named entity submits this statement fo	or the purpose of changing its r	egistere	d office or register	red agent, or both, in the State of Florida.			
SIGNATURE .		ANOTE:	D- minta and	Agent signature required	f when reinstating) DATE			
	Signature, typed or printed name of registered agent				.			
FILÉ NOW!!! FEE IS Make Check Payable to Depa				4 4	f State			
9.	MANAGING MEMBE		10.		ADDITIONS/CHANGES		ć	
NAME STREET ADDRESS CITY-ST-ZIP	MGR CALIGIURI, DANIEL A 1140 WOODMERE DRIVE WINTER PARK FL 32789	☐ Delete	1	1	☐ Change	Addition	CR2F∩R3 (⊄/NN	
TITLE	WINTER FARR FL 32703	☐ Delete	TITLE		☐ Change	Addition	È	
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NAME STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			<u> </u>	ST-ZIP				
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truster	I that my signature shall have t	he same	legal effect as if n	ection 119.07(3)(i), Florida Statutes. I further certify that the info nade under oath; that I am a managing member or manager ter 608, Florida Statutes.	ormation of the		

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME SASIGNING MANAGING MEMBER OR MANAGER