

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **MO1000000969**
 PRODURA TECHNOLOGIES LLC

FILED

01 MAY -1 PM 2:25

Principal Place of Business Mailing Address
 1510 Ninth Street North 1510 Ninth Street North
 St. Petersburg, FL 33704 St. Petersburg, FL 33704

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3621383 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

d. Name and Address of Current Registered Agent
 Fredericks, Robert K
 1510 Ninth Street North
 St. Petersburg, FL 33704

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

I, the undersigned, submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, Date and Printed Name of Registered Agent and Date (if applicable) (NOTE: Registered Agent's signature required when registering) DATE

MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
President - MGRM Robert K. Fredericks 1510 Ninth Street North St. Petersburg, FL 33704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
VP Operations Charles Adair 1510 Ninth Street North St. Petersburg, FL 33704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
VP Marketing Keith R. Fredericks 1510 Ninth Street North St. Petersburg, FL 33704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
Secy/Treas Barbara Fredericks 1510 Ninth Street North St. Petersburg, FL 33704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 *****150.00 *****50.00

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 furnished 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 company or the receiver or trustee or empowered to execute this report as required by Chapter 609, Florida Statutes.

Robert K. Fredericks

(727) 501-1111

SIGNATURE: *Robert K. Fredericks*

4/18/01

(727) 894-8511 ext 208

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

Date

Daytime Phone #