**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 23, 2002 8:00 am Secretary of State DOCUMENT # M0100000969 01-23-2002 90047 002 \*\*\*\*50 00 PRODURA TECHNOLOGIES LLC Principal Place of Business Mailing Address 1510 NINTH STREET NORTH 1510 NINTH STREET NORTH ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3621383 Not Applicable Zip Country Ziρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FREDERICKS, ROBERT K Street Address (P.O. Box Number is Not Acceptable) 1510 9TH STREET NORTH ST. PETERSBURG FL 33704 City 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. (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition FREDERICKS, ROBERT K NAME STREET ADDRESS 1510 NINTH STREET NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ Delete TITI F Addition ☐ Change ADAIR, CHARLES K NAME 1510 NINTH STREET NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33704 CITY-ST-ZIP TITLE \_ □ Defete TITLE Change Addition NAME FREDERICKS, KEITH R NAME STREET ADDRESS 1510 NINTH STREET NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33704 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change FREDERICKS, BARBARA NAME STREET ADDRESS 1510 NINTH STREET NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33704 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME 🏑 STREET ADDRESS STREET ADDRESS CITY-ST-ZP C!TY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS

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 excurate 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME AUTHORIZED REPRESENTATIVE 1-11-02 727-894-8511