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

DOCUMENT # M0100000969



Mar 18, 2003 8:00 am Secretary of State 1. Entity Name 03-18-2003 90147 029 ****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. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3621383 Applied For Not Applicable Zip -Country - 🚓 🛎 . Country ._____ \$5.00 Additional ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FREDERICKS, ROBERT K 1510 9TH STREET NORTH Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent. 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 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition FREDERICKS, ROBERT K NAME NAME STREET ADDRESS 1510 NINTH STREET NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33704 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ADAIR, CHARLES K NAME NAME STREET ADDRESS 1510 NINTH STREET NORTH STREET ADDRESS CITY-ST-ZIP -ST. PETERSBURG FL 33704 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FREDERICKS, KEITH R NAME NAME STREET ADDRESS 1510 NINTH STREET NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33704 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FREDERICKS, BARBARA NAME NAME STREET ADDRESS 1510 NINTH STREET NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33704 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

THORIZED REPRESENTATIVE

3-13-03-727-877-1922

FILED