## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P99000057869 DOCUMENT #

1. Entity Name

PRODUCTIVE CONCEPTS, INC.



**FILED** Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90426 036 \*\*\*150.00

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Principal Place of Business 605 ALLENDALE ROAD KEY BISCAYNE FL 33149				Mailing Address 605 ALLENDALE ROAD KEY BISCAYNE FL 33149					83111 83111 BB	181 B111	1 1 <b>880</b> L 6 <b>0</b> k11	B BAIRB ADAI 1 <b>40</b>	l
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Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State			<b>4.</b> F	El Number 65-094948	38			Applied For Not Applicat	ole
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	- 6. Name	and Addres	s of Current	Registered Agent	• • •	. + '=+ ^	7N	lame and Address of Nev	v Registere	d Ag	ent		
CTDATOC						Name		•					
STRATOS, GEORGE 605 ALLENDALE ROAD				Street Addres			ress (P.O. Bo	ox Number is Not Accepta	ble)				
	AYNE FL 3	,	Š.	•					•	•			
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8. The above	named entit	y submits thi ered agent.	statement fo	r the purpose of changing its	register	ed office or re	gistered age	ent, or both, in the State of	Florida. I a	ım far	niliar with	n, and acce	pt
SIGNATURE	1			AIN	C. Degisters	id Agent signature i	required when rei	inerating)	DAT	F			
			· · · · · · · · · · · · · · · · · · ·	and title if applicable. (NOT	c. negistere	u Agent signature i	equir <b>ed w</b> iter for	, and the state of					
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of				State			:	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trubbee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

☐ Addition