

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 00000002619

1. Entity Name

PJ3, L.L.C.

FILED

01 MAY -4 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1629 HEATHER LANE

SAME

DARIEN IL 60561

2. Principal Place of Business

3. Mailing Address

SAME AS ABOVE

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0765849

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES K HALERZ 3711 AGATE CRT
1629 HEATHER LANE SANIBEL, FL 33957
DARIEN, IL 60561

Name

JAMES K HALERZ

Street Address (P.O. Box Number is Not Acceptable)

3711 AGATE CRT

City

SANIBEL

FL

Zip Code

33957

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 reinstating)

5-1-01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

700004342027-5

-06/05/01--01076--003

*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JAMES K HALERZ	
STREET ADDRESS	1629 HEATHER LN	
CITY-ST-ZIP	DARIEN IL 60561	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PATRICIA A. HALERZ	
STREET ADDRESS	1629 HEATHER LN	
CITY-ST-ZIP	DARIEN IL 60561	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JAMES REDDINGTON	
STREET ADDRESS	3711 AGATE CRT.	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JUDITH REDDINGTON	
STREET ADDRESS	3711 AGATE CRT.	
CITY-ST-ZIP	SANIBEL, FL 33957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5-1-01

630 910 3644

Date

Daytime Phone #