

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90047 037 ****50.00

DOCUMENT # L00000009867

1. Entity Name

PJ SCOOTERS, LLC

Principal Place of Business

**742 DEVON ROAD
 VENICE FL 34293**

Mailing Address

**742 DEVON ROAD
 VENICE FL 34293**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1032336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**FINK, PAMELA J
 742 DEVON ROAD
 VENICE FL 34293**

7. Name and Address of New Registered Agent

Name

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

742 DEVON RD

City

VENICE

FL

Zip Code

34293

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)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 FINK, PAMELA
 742 DEVON ROAD
 VENICE FL 34293** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 GERALD R FINK
 742 DEVON RD
 VENICE, FL 34293** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)