

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014906

1. Entity Name

PIONEER POWER SERVICES, L.L.C.

Principal Place of Business

Mailing Address

248 KELSEY PARK CR
PALM BEACH GARDENS,
FLORIDA 33410

SAME

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1062003

Applied For

Not Applicable

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

CRARY, LAWRENCE III
555 COLORADO AVENUE
STUART, FL 34994

Name

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

City

FL

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME BRANICK, KAREN
STREET ADDRESS 2478 PALM HARBOUR DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

☐ Delete

TITLE MGR
NAME JACKSON, JAMES R.
STREET ADDRESS 3003 N.E. IVY LANE
CITY-ST-ZIP JENSEN BEACH, FL 34957

☐ Delete

TITLE MGR
NAME JAEGER, MICHAEL A.
STREET ADDRESS 248 KELSEY PARK CIRCE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

☐ Delete

TITLE MGR
NAME JONCZAK, THEODORE
STREET ADDRESS 8222 SE ROYAL STREET
CITY-ST-ZIP HOBBS SOUND, FL 33455

☐ Delete

TITLE
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CITY-ST-ZIP

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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:

Michael A. Jaeger, Managing Member 2-19-01 (561) 775-4971

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 FEB 22 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E083 (11/00)