

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90030 049 ****50.00

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1. Entity Name

PIONEER POWER SERVICES, L.L.C.



Principal Place of Business

**240 KELSEY PARK CIRCLE
PALM BEACH GARDENS FL 33410**

Mailing Address

**240 KELSEY PARK CIRCLE
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

2478 Palm Harbour Dr

3. Mailing Address

2478 Palm Harbour Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

Zip

33410

Country

4. FEI Number **65-1062003**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRAY, LAWRENCE E III
555 COLORADO AVE.
STUART FL 34994**

*LAST NAME spelled
wrong should be*

7. Name and Address of New Registered Agent

Name **CRARY, LAWRENCE E. III**

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

SAME AS #6

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE **MGR** ☐ Delete
NAME **JAEGER, MICHAEL A**
STREET ADDRESS **248 KELSEY PARK CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **MGR** ☐ Delete
NAME **JONCZAK, THEODORE**
STREET ADDRESS **8222 S.E. ROYAL STREET**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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 60B, Florida Statutes.

SIGNATURE: *Michael A. Jaeger* **MICHAEL A. JAEGER** **4-9-03 (540) 297-8802**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)