

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015298

1. Entity Name

PROFESSIONAL MARKETING LOGISTICS, LLC

FILED

01 MAY -4 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1657 Muscatatuck Dr. 16871 torrence Ave.  
Valparaiso, IN 46383 #366  
Lansing, IL 60438

2. Principal Place of Business

1657 Muscatatuck Dr.

3. Mailing Address

16871 Torrence Ave.  
Suite, Apt. #, etc.  
#366

Suite, Apt. #, etc.

City & State

Valparaiso, IN

City & State

Lansing, IL

Zip  
46383

Country  
USA

Zip

60438

Country

USA

4. FEI Number

58-2593101

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

Jeffrey Abram  
1010 West Garden Street  
Pensacola, FL 32501

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.

(NOT 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 ☐ Delete  
NAME MGRM  
STREET ADDRESS Robert Pires  
CITY-ST-ZIP 1620 E. Strong St.  
Pensacola, FL 32501

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

TITLE ☐ Delete  
NAME MGRM  
STREET ADDRESS Jeffrey Abram  
CITY-ST-ZIP 1010 West Garden Street  
Pensacola, FL 32501

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 500004336555-5  
CITY-ST-ZIP -05/31/01--01081--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME MGRM  
STREET ADDRESS Jamie Bartok  
CITY-ST-ZIP 1657 Muscatatuck Dr.  
Valparaiso, IN 46383

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE

*Jamie Bartok*

Jamie Bartok

4-30-01

(219) 548-3471

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

Date

Daytime Phone #

CR2E083 (11/00)