

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018910

1. Entity Name

PGA WORLD SERVICES, LLC

Principal Place of Business

82 IRONWOOD WAY N  
PALM BEACH GARDENS FL 33418

Mailing Address

82 IRONWOOD WAY N  
PALM BEACH GARDENS FL 33418

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

31-1807099

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ESPINOSA, JOSEPH  
82 IRONWOOD WAY N  
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE *PRESIDENT*  
NAME *Joseph ESPINOSA*  
STREET ADDRESS *82 Ironwood Way, N.*  
CITY-ST-ZIP *Palm Beach Gardens, FL 33418*

☐ Delete

TITLE *SECRETARY*  
NAME *FABIOLA ESPINOSA*  
STREET ADDRESS *82 Ironwood Way N.*  
CITY-ST-ZIP *Palm Beach Gardens, FL 33418*

☐ Delete

TITLE  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
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CITY-ST-ZIP

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☐ 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]*

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

4/15/02

Date

Daytime Phone #

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90206 025 \*\*\*\*55.00

97488



DO NOT WRITE IN THIS SPACE

CP2E083 (9/01)