

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0057824

DOCUMENT # L01000021089

1. Entity Name  
PFG OF FLORIDA LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR -6 PM 2:48

Principal Place of Business  
3150 N. GALLAGHER ROAD  
DOVER FL 33527  
US

Mailing Address  
P O BOX 730  
DOVER FL 33527  
US

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 52-2361141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Colosi, Mike~~  
3150 N GALLAGHER RD  
DOVER FL 33527

Name Colosi, Mike

Street Address (P.O. Box Number is Not Acceptable)  
3150 Gallagher Road

City Dover

FL

Zip Code 33527

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 *Mike Colosi*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

02/27/03

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME COLOSI, MIKE  
STREET ADDRESS 3150 N GALLAGHER ROAD  
CITY-ST-ZIP DOVER FL 33527 ☐ Delete

TITLE Director of Finance  
NAME Michael Ziebell  
STREET ADDRESS 3150 Gallagher Road  
CITY-ST-ZIP DOVER, FL 33527 ☐ Change ☒ Addition

TITLE MGR  
NAME GRADE, JOEL  
STREET ADDRESS 3150 N GALLAGHER ROAD  
CITY-ST-ZIP DOVER FL 33527 ☒ Delete

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

TITLE MGR  
NAME FISHBEIN, ROBERT  
STREET ADDRESS 12500 WEST CREEK PARKWAY  
CITY-ST-ZIP RICHMOND VA 23238 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

*Mike Colosi*

02/27/03

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

Date

Daytime Phone #

CR2E083 (10/02)