

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90110 003 ****50.00

DOCUMENT # L02000003325

1. Entity Name

PIONEER LAND USE SERVICES, L.L.C.



Principal Place of Business

1761 SHILOH LANE
WINTER PARK FL 32789

Mailing Address

1761 SHILOH LANE
WINTER PARK FL 32789

2. Principal Place of Business

127 W. Fairbanks

3. Mailing Address

127 W. Fairbanks

Suite, Apt. #, etc.

425

Suite, Apt. #, etc.

425

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. FEI Number

59-3384311

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MCGINTY, JOHN
1761 SHILOH LANE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name **John McGinty**

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

127 W. Fairbanks Ave # 425

City

Winter Park

FL

Zip Code

32789

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.16.03

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MCGINTY, JOHN**
STREET ADDRESS **1761 SHILOH LANE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **MGRM** ☐ Delete
NAME **BURKHEAD, MICHAEL**
STREET ADDRESS **427 JO-AL-CA AVE.**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **MGRM** ☐ Delete
NAME **HYATT, JASON**
STREET ADDRESS **2545 S. SPRING GARDEN AVE.**
CITY-ST-ZIP **DELAND FL 32720**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **McGinty, John**
STREET ADDRESS **127 W. Fairbanks # 425**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Burkhead, Michael**
STREET ADDRESS **127 W. Fairbanks # 425**
CITY-ST-ZIP **Winter Park, FL 32789**

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

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

TITLE ☐ Change ☐ Addition
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:

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

[Signature]

SIGNATURE REQUIRED

4.16.03

Date

(407) 435 8529

Daytime Phone #

CR2E083 (10/02)

0005989