

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90156 028 ****50.00

DOCUMENT # L02000034501

1. Entity Name



P. J. C. OF CENTRAL FL., L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5350 US HIGHWAY 441 SE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OKEECHOBEE, FL

City & State

4. FEI Number

EIN 010759980

Applied For

Not Applicable

Zip

Country

34974-2393

OKEECHOBEE

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JERRY E. OBERLEY

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

8495 SW WESTWOOD LN

City

OKEECHOBEE

FL

Zip Code

34997

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PROPERTY MGR.
JERRY E. OBERLEY
8495 SW WESTWOOD LN
STUART, FL 34997

TITLE
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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

2/24/03 954-4679966
Date Daytime Phone #

CR2E083B (12/02)