

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001151

1. Entity Name

P & G MANAGEMENT GROUP LLC

Principal Place of Business

17117 GULF BLVD  
SUITE 147  
N REDINGTON BEACH FL 33708

Mailing Address

17117 GULF BLVD  
SUITE 147  
N REDINGTON BEACH FL 33708

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

65-0708300

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

ECKS, GEORGE E  
17117 GULF BLVD  
SUITE 147  
N REDINGTON BEACH FL 33708

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

500003349945-5  
-08/08/00--01093--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ECKS, GEORGE E  
17117 GULF BLVD  
N REDINGTON BEACH FL 33708 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
HIGGINS, PATRICIA C  
17117 GULF BLVD  
N REDINGTON BEACH FL 33708 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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TITLE  
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☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

7/20/00

727 391 6577

CR2E083 (5/00)

FILED  
Aug 01 2000 8:00 am  
Secretary of State



DO NOT WRITE IN THIS SPACE