

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001168

1. Entity Name
PGSC, LLC

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
763 NW 42ND PLACE 2321 NE 34th CT 763 NW 42ND PLACE
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064-1832
Light house Pt FL 33064 Same as left

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. JIM & LINDA PARKER Suite, Apt. #, etc.

2321 N.E. 34 COURT

City & State Lighthouse Point, FL 33064

Zip Country Zip Country

4. FEI Number

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

PARKER, JAMES
763 NW 42ND PLACE
POMPANO BEACH FL 33064
Same as (new) above

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME PARKER, JAMES
STREET ADDRESS 763 NW 42ND PLACE
CITY- ST- ZIP POMPANO BEACH FL 33064
Same as above

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
400003117794-8
-02/01/00-01037-018
****100.00 *****50.00

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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

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

Date

Daytime Phone #

Jim PARKER 1/6/00 954-946-8211