

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004090

1. Entity Name  
PIONEER POWER DEVELOPMENT, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 15 PM 2:46

Principal Place of Business  
8222 S.E. ROYAL STREET  
HOBE SOUND FL 33455

Mailing Address  
8222 S.E. ROYAL STREET  
HOBE SOUND FL 33455-4120



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

4. FEI Number  
65-0935392

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

CRARY, LAWRENCE E III  
555 COLORADO AVENUE  
STUART FL 34994

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**

BLT

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JONCZAK, THEODORE 8222 S.E. ROYAL STREET HOBE SOUND FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900003148719-3 -02/28/00--01012--021 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JAEGER, MICHAEL A 248 KELSEY PARK CIRCLE PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JACKSON, JAMES R 3003 N.E. IVY LANE JENSEN BEACH FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRANICK, KAREN A 1768 PARK CENTER DRIVE, SUITE 330 ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael A. Jaeger **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date 1-31-00 Daytime Phone # (561) 775-4971

00000010 IN

CR2E083 (9/99)