

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90027 009 ****50.00

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DOCUMENT # L99000004090

1. Entity Name

PIONEER POWER DEVELOPMENT, L.L.C.



Principal Place of Business

~~8222 S.E. ROYAL STREET~~
~~HOBE SOUND FL 33455~~

Mailing Address

~~8222 S.E. ROYAL STREET~~
~~HOBE SOUND FL 33455~~

2. Principal Place of Business

2478 PALM HARBOUR DR.

3. Mailing Address

2478 PALM HARBOUR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm BEACH GARDENS, FL

City & State

Palm BEACH GARDENS, FL

Zip

33410

Country

Zip

33410

Country

4. FEI Number

65-0935392

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

CRARY, LAWRENCE E III
555 COLORADO AVENUE
STUART FL 34994

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	JONCZAK, THEODORE	
STREET ADDRESS	8222 S.E. ROYAL STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	JAEGER, MICHAEL A	
STREET ADDRESS	248 KELSEY PARK CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	JACKSON, JAMES R	
STREET ADDRESS	3003 N.E. IVY LANE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	BRANICK, KAREN A	
STREET ADDRESS	2478 PALM HARBOUR DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael A Jaeger* **RE MICHAEL A JAEGER 4-9-03 (640) 297-8802**

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

Date

Daytime Phone #

CR2E083 (10/02)