

2000 UNIFORM BUSINESS REPORT (UBR)

CCC APPROVED
AND
FILED

DOCUMENT # L99000004535

1. Entity Name

PIONEER MISSION GROUP LLC

00 MAY -4 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

771 N. Pine Island Rd
#106
Plantation, FL 33324

2. Principal Place of Business

3. Mailing Address

11110 W. Oakland Park Blvd
Suite, Apt. #, etc.
#226

11110 W. Oakland Park Blvd
Suite, Apt. #, etc.
#226

DO NOT WRITE IN THIS SPACE

City & State
Sunrise, FL
Zip
33351
Country
Broward

City & State
Sunrise, FL
Zip
33351
Country
Broward

4. FEI Number

65-0934973

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

Michael Turner
771 N. Pine Island Rd #106
plantation, FL 33324

Name

Michael Turner

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

11110 W. Oakland Park Blvd #226

City

Sunrise

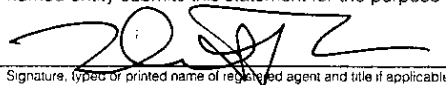
FL

Zip Code

33357

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



Michael Turner, manager

4.25.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Michael Turner
11110 W. Oakland Park Blvd. #226
Sunrise, FL 33351

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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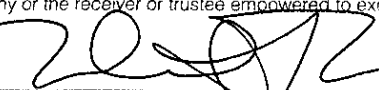
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:



Michael Turner, manager

4.25.00

954.236.5466

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

Date

Daytime Phone #

CR2E083 (11/99)