

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005284

1. Entity Name
PIONEER SCREEN DOORS & GLASS ROOMS, L.L.C.Principal Place of Business
9011 SW OLD KANSAS AVE.
STUART FL 34997Mailing Address
P.O. BOX 1799
STUART FL 34995-1799

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0945368

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWARD, TED L
2009 S.E. PARROT STREET
PORT ST LUCIE FL 34952

Name

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

2301 SE Haddon Street
Port St. Lucie

City

FL

Zip Code
34983

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

TITLE: MGRM
NAME: HOWARD, TED L
STREET ADDRESS: 2009 S.E. PARROT STREET
CITY-ST-ZIP: PORT ST LUCIE FL Delete

10. ADDITIONS/CHANGES

TITLE: MGRM
NAME: HOWARD, MARCIA E
STREET ADDRESS: 2301 SE Haddon Street
CITY-ST-ZIP: Port St Lucie, FL 34984 Change AdditionTITLE: MGRM
NAME: HOWARD, MARCIA E
STREET ADDRESS: 2009 S.E. PARROT STREET
CITY-ST-ZIP: PORT ST LUCIE FL DeleteTITLE: MGRM
NAME: HOWARD, MARCIA E
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NAME: HOWARD, MARCIA E
STREET ADDRESS: 2301 SE Haddon Street
CITY-ST-ZIP: Port St Lucie, FL 34984 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: *Marcia E. Howard*

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

49-01 561-286-4357

Date

Daytime Phone #

002020
8/2001
AF

DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)