

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L 990000059:71

1. Entity Name

Pilot Asset Management Group L.L.C.

FILED

01 MAY -1 PM 5:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

551 NW 77th St.
Ste 115
Boca Raton, FL 33487

551 NW 77th St.
Suite 115
Boca Raton, FL 33487

2. Principal Place of Business

3. Mailing Address

551 NW 77th St.

551 NW 77th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

115

115

City & State

City & State

BOCA RATON FL

BOCA RATON FL

Zip

Country

Zip

Country

33487

USA

33487

USA

4. FEI Number

05-0954785

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRAIG L. FREEDMAN
551 NW 77th St, Ste 115
BOCA RATON, FL 33487

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 ☐ Delete
NAME PRESIDENT
STREET ADDRESS CRAIG L. FREEDMAN
CITY-ST-ZIP 551 NW 77th St, Ste 115
BOCA RATON FL 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:



4-26-01

561-862-0551

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

Date

Daytime Phone #

CR2E083 (11/00)