

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


pg 1 of 2

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 217874  
1. Entity Name  
**PINEVIEW, INC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**78 FIRESTONE ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**POB 1198**  
Suite, Apt. #, etc.

**REINSTATEMENT** 03  
DO NOT WRITE IN THIS SPACE

City & State  
**LAUREL HILL, FLORIDA**

City & State  
**PAXTON, FL**

Zip  
**32567** Country  
**USA**

Zip  
**32538** Country  
**USA**

4. FEI Number  
**800066199**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

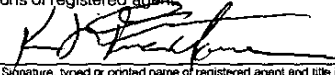
7. Name and Address of Current Registered Agent

Name  
**K.L. Firestone**

Street Address (P.O. Box Number is Not Acceptable)  
**78 Firestone Road**

City  
**PAXTON** FL Zip Code  
**32538**

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  **K.L. Firestone** DATE **10-30-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT K.L. FIRESTONE POB 1198 - 78 FIRESTONE ROAD PAXTON, FL 32538</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100029857131 10/16/03--01054--026 **150.00</b>
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CR2E034B (12/02)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **K.L. Firestone** Date **Oct 17, 03** Daytime Phone # **850-902-1772**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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K.L. FIRESTONE c/o PINEVIEW INC  
FEIN# 800066199

TO WHOM IT MAY CONCERN;

I WOULD LIKE TO REQUEST THE REMOVAL  
OF THE LATE FEE ON MY ANNUAL REPORT.

I RECENTLY MOVED AND THE DOCUMENTS WERE  
NOT FORWARDED PROPERLY.

YOUR DEPARTMENT SHOULD HAVE ALL THE  
CURRENT INFORMATION.

OLD: POB 23605

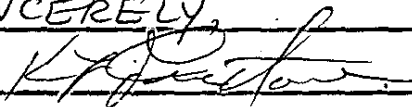
NEW: POB 1198

FT. LAUD, FL 33307

PAXTON, FL 32538

THANK YOU IN ADVANCE FOR YOUR HELP.

SINCERELY,



K.L. FIRESTONE

10/12/03