

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90075 024 \*\*\*150.00

UBR55555 AV

**DOCUMENT # P00000056891**

1. Entity Name  
**PINNACLE TOWERS IV INC.**



Principal Place of Business  
**301 N CATTLEMEN RD.  
SARASOTA FL 34232**

Mailing Address  
**301 N CATTLEMEN RD.  
SARASOTA FL 34232**

20010011



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1037169**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
660 E. JEFFERSON ST.  
TALLAHASSEE FL 32301**

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: CFOS  
NAME: FREEMAN, WILLIAM T  Delete  
STREET ADDRESS: 4914 LYFORD CAY RD  
CITY-ST-ZIP: TAMPA FL 33629

TITLE: CFO/VP  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: CEO  
NAME: DAY, STEVEN R  Delete  
STREET ADDRESS: 361 C'EZZANE DRIVE  
CITY-ST-ZIP: OSPREY FL 34229

TITLE: CEO/D/P  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: P  Delete  
NAME: GABOURY, BERNARD  
STREET ADDRESS: 7444 MYRICA DRIVE  
CITY-ST-ZIP: SARASOTA FL 34231

TITLE: S/VP  Change  Addition  
NAME: Evan Berlin  
STREET ADDRESS: 1737 Sandalwood Dr  
CITY-ST-ZIP: Sarasota, FL 34231

TITLE: CON  
NAME: BLOMMER, CAMILLE  Delete  
STREET ADDRESS: 1833 OAK VIEW DR  
CITY-ST-ZIP: SARASOTA FL 34232

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

TITLE: VPT  
NAME: TODD, DECKER A  Delete  
STREET ADDRESS: 803 BENNINGER DRIVE  
CITY-ST-ZIP: BRANDON FL 33510

TITLE: VP/AS  Change  Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE:  Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: T  Change  Addition  
NAME: Tom Guard  
STREET ADDRESS: 9406 Azalea Ridge Circle  
CITY-ST-ZIP: Tampa, FL 33647

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Camille Blommer 1/6/03 (941)364-8886  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)