

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90092 034 \*\*\*150.00

**DOCUMENT # P01000059462**

1. Entity Name  
**PINNACLE ACHIEVEMENTS, INC.**

Principal Place of Business  
**533 SOUTH HOWARD AVENUE**  
**SUITE 827**  
**TAMPA FL 33602**

Mailing Address  
**533 SOUTH HOWARD AVENUE**  
**SUITE 827**  
**TAMPA FL 33602**

2. Principal Place of Business  
**507 S. Willow Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**507 S. Willow Ave**  
 Suite, Apt. #, etc.

City & State  
**Tampa FL**  
 Zip  
**33606**  
 Country  
**U.S.A.**

City & State  
**Tampa, FL**  
 Zip  
**33606**  
 Country  
**U.S.A.**

4. FEI Number  
**94-3401351**  
 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GORDON, JEFFREY L ESQ.**  
**101 EAST KENNEDY BOULEVARD**  
**SUITE 3170**  
**TAMPA FL 33602**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named agent 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 the registered agent.

SIGNATURE *[Signature]* **NO! Sorry.** DATE

Signature of person or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MORRISON, CHRISTOPHER</b>	
STREET ADDRESS	<b>5337 SOUTH HOWARD AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>EDMEADES, ERIC</b>	
STREET ADDRESS	<b>5337 SOUTH HOWARD AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MCGARVEY, STEPHEN</b>	
STREET ADDRESS	<b>5337 SOUTH HOWARD AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DOTY, MARC</b>	
STREET ADDRESS	<b>5337 SOUTH HOWARD AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33602</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/11/02** Daytime Phone # **813 258-4372**

CR2E034 (4/02)

Attachment

Doc # P 01000059462



September 11, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I received this form last week. I called the number on the form to inquire as to what this was about and the lady whom I spoke with instructed me that if I had paid it earlier it would have only been \$150 dollars. I expressed to her that I was unaware of this bill or the deadline. She instructed me to send a check for \$150.00 with an attached letter explaining I did not receive the form before this one as I am doing now.

My apologies for not sending this to you any sooner, I have been out of the country for the past two months. If you have any further questions, please feel free to contact me at 813 258 4372 or my cell phone at 813 966 2722.

Sincerely,

Christopher Morrison, DCH  
President

*[Faint, illegible text, likely bleed-through from the reverse side of the page]*