

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90030 050 ***150.00



DOCUMENT # P01000059462

1. Entity Name
PINNACLE ACHIEVEMENTS, INC.

Principal Place of Business
**507 S WILLOW AVE
TAMPA FL 33606**

Mailing Address
**507 S WILLOW AVE
TAMPA FL 33606**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-3401351**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	CHRISTOPHER MORRISON	507 S. Willow Ave	Tampa FL 33606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ERIC EDMEADES	SAME AS ABOVE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	STEPHON MCGARVEY	SAME AS ABOVE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MARC DOTY	SAME AS ABOVE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: SIGNATURE REQUIRED

Date: **1/3/03** Daytime Phone #: **813258-4372**

CR2E034 (10/02)