## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

## Apr 29, 2002 8:00 am Secretary of State P95000080964 DOCUMENT # 1. Entity Name PINNACLE INSURANCE & FINANCIAL SERVICES, INC. 04-29-2002 90041 031 \*\*\*150.00 Principal Place of Business Mailing Address 3605 LEX COURT 3605 LEX COURT PORT ORANGE FL 32119-4275 **PORT ORANGE FL 32119-4275** 2. Principal Place of Business 3. Mailing Address 2724 INDIA BLUD 2774 INDIA BEYN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3339973 DELYONA Not Applicable ELTONA Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 37738 Fee Required 33238 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EPSTEIN, JON G Street Address (P.O. Box Number is Not Acceptable) -9781-NOVA-RD 2726 INDIA BUVA STE-455 PORTORANGE FE-32110 DELTOND, FL 32738 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tak filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ■ Addition EPSTEIN, JON G NAME NAME 2726 INPIA. BLUP. 3605 LEX COURT STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32119-4275 CITY-ST-ZIP CITY-ST-ZIP DELTONA FL 32738 ☐ Addition TITLE ☐ Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED