

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90015 029 ***150.00

0508136 AV

DOCUMENT # F95000001141

1. Entity Name

SM-PINNACLE PLAZA, INC.

Principal Place of Business

9021 TOWN CENTER PKWY
BRADENTON FL 34202

Mailing Address

9021 TOWN CENTER PKWY
BRADENTON FL 34202

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

52-1880030

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

GRAUS, KIMBERLY L

9021 TOWN CENTER PKWY
BRADENTON FL 34202

7. Name and Address of New Registered Agent

Name
Kimberly M McAllister-Smith

Street Address (P.O. Box Number is Not Acceptable)

9021 Town Center Parkway

City
Bradenton

FL

Zip Code

34202

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)

DATE

2/27/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 | PD | <input type="checkbox"/> Delete |
| NAME | NEWSOME, JOHN S | |
| STREET ADDRESS | 9021 TOWN CENTER PKWY | |
| CITY-ST-ZIP | BRADENTON FL | |

| | | |
|----------------|-----------------------|--------------------------------------------|
| TITLE | VTS | <input checked="" type="checkbox"/> Delete |
| NAME | DOYLE, MICHAEL J | |
| STREET ADDRESS | 9021 TOWN CENTER PKWY | |
| CITY-ST-ZIP | BRADENTON FL 34202 | |

| | | |
|----------------|-----------------------|--------------------------------------------|
| TITLE | AS | <input checked="" type="checkbox"/> Delete |
| NAME | GRAUS, KIMBERLY L | |
| STREET ADDRESS | 9021 TOWN CENTER PKWY | |
| CITY-ST-ZIP | BRADENTON FL 34202 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | EDMONDSON, LOUIS E | |
| STREET ADDRESS | 9021 TOWN CENTER PARKWAY | |
| CITY-ST-ZIP | BRADENTON FL 34202 | |

| | | |
|----------------|--|---------------------------------|
| 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 checked="" type="checkbox"/> Addition |
| NAME | Michael J. Doyle | |
| STREET ADDRESS | 9021 Town Center Parkway | |
| CITY-ST-ZIP | Bradenton FL 34202 | |

| | | |
|----------------|-----------------------------|-------------------------------------------------------------------|
| TITLE | V, AS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Kimberly M McAllister Smith | |
| STREET ADDRESS | 9021 Town Center Parkway | |
| CITY-ST-ZIP | Bradenton FL 34202 | |

| | | |
|----------------|--|-------------------------------------------------------------------|
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/02 941-907-8788

CR2E034 (9/01)