2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am Secretary of State DOCUMENT # F95000002003 1. Entity Name 02-13-2002 90117 030 ***150.00 PINNACLE TOWERS INC. Mailing Address Principal Place of Business 301 N CATTLEMEN RD 301 N CATTLEMEN RD SARASOTA FL 34232 SARASOTA FL 34232 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0574118 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) ☐ Addition Change coos TITLE CEO/D ☐ Delete TITLE DAY, STEVEN R NAME NAME 361 C'EZZANE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OSPREY FL 34229 CITY-ST-7IP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME GABOURY, BERNARD STREET ADDRESS STREET ADDRESS 7444 MYRICA DRIVE SARASOTA FL 34231 CITY-ST-ZIP CFO/S/VP William T. Freeman 4914Lyford Clay Rd FL 33629 CITY-ST-ZIP M Addition TITLE **VPF** 🔀 Delete TITLE KOEHLER, DAVID NAME STREET ADDRESS STREET ADDRESS 8145 SHADOW PINE WAY CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 vP/T/Assistant Secretary \$\ Change ☐ Addition CAS ☐ Delete TITLE NAME NAME TODD, DECKER A STREET ADDRESS STREET ADDRESS 803 BENNINGER DRIVE CITY-ST-ZIP **BRANDON FL 33510** CITY-ST-ZIP ☐ Change Addition Delete Controller TITLE WOLSEY, ROBERT J Camille Blommer NAME 1833 Oak View Dr STREET ADDRESS STREET ADDRESS 8944 FISHERMAN'S BAY sarasota, FL 34232 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Addition Change Delete TITLE TITLE SHIRLEY, CHRISTINE E NAME NAME STREET ADDRESS 13502 2ND AVENUE EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34202 I hereby certify that the information supplied with this filling 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 supplied with this filing does not quality 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.

(941)364-8886 Date Davime Phone #

FILED