

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90531 030 ***150.00

DOCUMENT # F97000005858

1. Entity Name
PINNACLE TOWERS II INC.



Principal Place of Business
**301 N. CATTLEMEN RD
SARASOTA FL 34232**

Mailing Address
**301 N. CATTLEMEN RD
SARASOTA FL 34232**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0791791**

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324-2525**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 **P** ☒ Delete
NAME **GABOURY, BENARD**
STREET ADDRESS **7444 MYRICA DR**
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **S/V** ☐ Change ☒ Addition
NAME **Evan Berlin**
STREET ADDRESS **1737 Sandalwood Dr**
CITY-ST-ZIP **Sarasota, FL 34231**

TITLE **CFSV** ☐ Delete
NAME **FREEMAN, WILLIAM T**
STREET ADDRESS **4914 LYFORD CAY RD.**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **CFO/V** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☐ Delete
NAME **BLOMMER, CAMILLE**
STREET ADDRESS **1833 OAK VIEW DRIVE**
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTAS** ☐ Delete
NAME **TODD, DECKER A**
STREET ADDRESS **903 BENNINGER DR**
CITY-ST-ZIP **BRANDON FL 33510**

TITLE **V/AS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **COED** ☐ Delete
NAME **DAY, STEVEN R**
STREET ADDRESS **361 C'EZZANE DR**
CITY-ST-ZIP **OSPREY FL 34229**

TITLE **CEO/P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **Tom Guard**
STREET ADDRESS **9406 Azalea Ridge Circle**
CITY-ST-ZIP **Tampa, FL 33647**

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: *Camille Blommer* **1/6/03** **(941) 364-8886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)