

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90009 004 ***150.00

0091600 AV

DOCUMENT # H58527

1. Entity Name
PINNACLE PARTNERSHIP, INC.

Principal Place of Business Mailing Address
P. O. BOX 950873 P. O. BOX 950873
LAKE MARY FL 32795-0873 LAKE MARY FL 32795-0873
US US

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 **59-2539370** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOWNSEND, JAMES THOMAS
202 IDYLLWILDE DR
SANFORD FL 32771

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.

SIGNATURE _____ DATE _____
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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **TOWNSEND, JAMES THOMAS**
STREET ADDRESS **202 IDYLLWILDE DR**
CITY-ST-ZIP **SANFORD FL**

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

TITLE **ST** ☐ Delete
NAME **TOWNSEND, JAMES THOMAS**
STREET ADDRESS **202 IDYLLWILDE DR**
CITY-ST-ZIP **SANFORD FL**

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

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TITLE ☐ Change ☐ 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: **JAMES THOMAS TOWNSEND** **PRESIDENT** **7 January 2002** **407-330-2595**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)