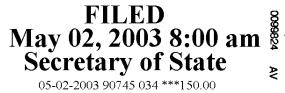
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # | J62821 | / | |
|--|------------------------------------|-----------|------------|
| I. Entity Name PINNACLE INVESTMENT | PARTNERS, INC. | | |
| Principal Place of Business 301 E. PINE ST. | Mailing Address 301 E. PINE ST. | attn: J.C | harles Gra |
| STE 1400 | STE 1400 | | |
| | | | |



| 1. Entity Nam PINNACL | | TMENT PARTNER | S, INC. | ù | | | | 05-02-2003 907 | 45 034 ** | **150.0 | Ю |
|---|-----------------------------|--|--------------------------|--|---------------------------------------|---------------------|---------------------------|--|----------------|---------------------------|-------------------|
| Principal Place of Business 301 E. PINE ST. STE 1400 ORLANDO FL 32801 Mailing Address Attn: J. C. STE 1400 ORLANDO FL 32801 Mailing Address Attn: J. C. STE 1400 ORLANDO FL 32801 | | J. Cher | les Grad | cy | | | | | | | |
| Principal Place of Business Address Address | | ddress | | | | # 1 00 0/470 | 11 81811 5 1611 81 | FAM BUDU 4 1 | BII BUBII IBBU | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | | | | | | |
| City & State | | City & Sta | City & State | | 4. FE | 59-2003412 | | plied For t Applicable | | | |
| Zip . | | s., Country, | . Zip | | Country | | | | Fee | 75 Add Required | |
| | 6. Name | and Address of Current | Registered Ag | ent | | | 7. Na | ame and Address of New Regis | tered Agen | ıt | |
| | | | | | Nai | Name | | | | | |
| GRAY, J. CHARLES 301 E. PINE ST. | | | Stre | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| STE 1400 | | | | | | | | | | | |
| ORLANDO FL 32801 | | City | | | | | Zip Code | | | | |
| | named entititions of regist | | or the purpose o | if changing its r | egistered offi | ce or register | red agei | nt, or both, in the State of Florida | . I am famili | iar with, a | and accept |
| SIGNATURE . | Signature, typed | or printed name of registered agent | and title if applicable. | (NOTE: | Registered Agent | signature required | d when rein | sstating) | DATE | | |
| Afte | r May 1, 200 | ! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o | f State | | | | | Election Campaign Financ Trust Fund Contribution. | ing | | May Be to Fees |
| 10. | | OFFICERS AND | DIRECTORS | | 11. | · | ADD | DITIONS/CHANGES TO OFFICE | S AND DIR | ECTORS | IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Delete | TITLE NAME STREET ADDR | | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | , | | | Delete | NAME STREET ADDR | 1 | | _ | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , · + | | Delete | TITLE NAME STREET ADDR | | | | | Change | Addition |
| TITLE NAME - STREET ADDRESS CITY-ST-ZIP | | | [| Defete | TITLE NAME STREET ADDR CITY-ST-ZIP | ſ | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | [| ☐ Delete | TITLE NAME STREET ADDR | RESS | | · · · · · · · · · · · · · · · · · · · | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |] | □ Delete | TITLE NAME STREET ADDR CITY-ST-ZIP | 1 | | | | Change | Addition |

12. 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 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: