

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011994

1. Entity Name

PINNACLE PROFESSIONAL SERVICES, LLC

Principal Place of Business

257 WHITESAND COURT  
CASSELBERRY FL 32707

Mailing Address

257 WHITESAND COURT  
CASSELBERRY FL 32707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 FEB -1 PM 2: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3674664

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PHELPS, DAWN  
1850 LEE ROAD, SUITE 225  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Dawn Phelps

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

257 Whitesand Ct

City

Casselberry

FL

Zip Code

32707

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

DPK Dawn Phelps, member

1/26/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE member  
NAME Dawn Phelps  
STREET ADDRESS 257 Whitesand Ct.  
CITY-ST-ZIP Casselberry FL 32707

☐ Delete

TITLE member  
NAME Vickie S. Phelps  
STREET ADDRESS 4509 Fontana St.  
CITY-ST-ZIP Orlando FL 32708

☐ Delete

TITLE member  
NAME N. Jeanne Smith  
STREET ADDRESS 2310 Ridge Ave.  
CITY-ST-ZIP Orlando, FL 32803

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

300003662923-3  
-02/08/01--01128--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

DPK Dawn Phelps, member

1/26/01 407-696-7178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)