FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 26, 2000 8:00 am Secretary of State **DOCUMENT # L43014** 1. Entity Name 1 04-26-2000 90068 018 ***150.00 PINNACLE REALTY GROUP, INC. Principal Place of Business Mailing Address 351 6TH AVE WEST 351 6TH AVE WEST しりひてなるひひ **BRADENTON FL 34205** BRADENTON FL 34205-8820 3. Mailing Address Principal Place of Business Center PKu 9021 TOWN Town Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3001971 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 187A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRAUS, KIMBERLY L. Street Address (P.O. Box Number 351 6TH AVENUE WEST **BRADENTON FL 34205** 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 SIGNATUR FILE NOW!!! FEE-IS-\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSTD** Addition TITLE ☐ Delete Allen, Dan BARNETT, JAMES NAME NAME 9021 TOWN CENTER EXVY 351 6TH AVE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34205** CITY-ST-ZIP radenton Delete Addition TITLE NEWSOME, JOHN Newsome John NAME NAME 9001 Town Center Pkuy 351 6TH AVE WEST STREET ADDRESS STREET ADDRESS Gradenton, Fl. 34202 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** ☐ Addition TITLE TITLE ☐ Delete Doyk, Michael Ji DOYLE, MICHAEL NAME NAME 9021 Town Center PKM 351 6TH AVE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** Badenton, Fl. 3/21 Change Addition TITLE ☐ Delete TITLE NAME mberly LGraus NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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