

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000001335**

1. Entity Name

**PINNACLE PRODUCTS GROUP, L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 26 PM 4: 04

Principal Place of Business

**5500-A AIRPORT BOULEVARD  
TAMPA FL 33634**

Mailing Address

**5500-A AIRPORT BOULEVARD  
TAMPA FL 33634**

2. Principal Place of Business

**4514 S. CHURCH AVE**

Suite, Apt. #, etc.

3. Mailing Address

**4514 S. CHURCH AVE**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Tampa FL**

City & State

**Tampa FL**

4. FEI Number

**59-3528781**

Applied For

Not Applicable

Zip

**33611**

Country

**USA**

Zip

**33611**

Country

**USA**

5. Certificate of Status Desired

☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JUSTIN, MARIE E  
5500 AIRPORT BLVD., SUITE D  
TAMPA FL 33684**

7. Name and Address of New Registered Agent

**MARK E. JUSTIN**

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

**4514 S. CHURCH AVE**

City

**Tampa**

FL

Zip Code

**33611**

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

*[Signature]*

**9/24/01**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001**

**000004616680017  
-09/28/01--01060--016  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**MGRM JUSTIN, JOSEPH S P.O. BOX 3348 TAMPA FL 33601** ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**MGRM DEMATTEIS, ROBERT B 1668 MILL STREAM DRIVE CHINO HILLS CA 91709** ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**MGRM GRIFFIN, MICHAEL A 6190 REGENCY PARKWAY, SUITE 314 NORCROSS GA 30071** ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**MGRM BOWERS, JOSEPH F 2320 SOUTH 3RD STREET, SUITE 12 JACKSONVILLE FL 32250** ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**MGRM PANSIER, DONALD J 3015 APOLLO AVENUE GREEN BAY WI 54313** ☐ 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

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:

*[Signature]*

**SIGNATURE REQUIRED**

**9/24/01**

**813-247-2500**

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

STAPLE CHECK HERE

CR2E083 (5/01)

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