

DOCUMENT # P00000052907

1. Entity Name

PINNACLE TRANSPORTATION OF CENTRAL FLORIDA, INC.

Principal Place of Business

1835 NORTH STREET  
LONGWOOD FL 32750

Mailing Address

1835 NORTH STREET  
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3649638

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Michelle P. Strout

Street Address (P.O. Box Number is Not Acceptable)  
1835 NORTH ST.

City Longwood

FL

Zip Code 32750

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

Michelle P. Strout

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

(NOTE: Registered Agent signature required when reinstating)

1-08-01

DATE

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, 2001 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

TITLE	DT	<input type="checkbox"/> Delete
NAME	STROUT, MICHELLE P	
STREET ADDRESS	1835 NORTH STREET	
CITY-ST-ZIP	LONGWOOD FL 32750	

TITLE	DP	<input type="checkbox"/> Delete
NAME	STROUT, STACY A	
STREET ADDRESS	1835 NORTH STREET	
CITY-ST-ZIP	LONGWOOD FL 32750	

TITLE	DV	<input type="checkbox"/> Delete
NAME	DAHL, EROS K	
STREET ADDRESS	11652 BLACKMOOR DRIVE	
CITY-ST-ZIP	ORLANDO FL 32837	

TITLE	DS	<input type="checkbox"/> Delete
NAME	DAHL, KERRI G	
STREET ADDRESS	11652 BLACKMOOR DRIVE	
CITY-ST-ZIP	ORLANDO FL 32837	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Michelle P. Strout

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

Date

407-260-8489

Daytime Phone #