2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003
Secretary of State

DOCUMENT# P00000062339

Entity Name: PINNACLE INVESTIGATIONS, INC.

Current Principal Place of Business:

POST OFFICE BOX 1600
BELLEVIEW, FL 34421

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1600
BELLEVIEW, FL 34421

New Mailing Address:

FEI Number: 59-3656634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

J. HERBERT WILLIAMS
2800 E. SILVER SPRINGS BOULEVARD
SUITE #202
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHEPPARD, KEITH A
Address: POST OFFICE BOX 11073
City-St-Zip: OCALA, FL 34473

Title: VSTD ( ) Delete
Name: SHEPPARD, JAMIE A
Address: POST OFFICE BOX 11073
City-St-Zip: OCALA, FL 34473

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHEPPARD, KEITH A
Address: POST OFFICE BOX 1600
City-St-Zip: BELLEVIEW, FL 34421

Title: VSD (X) Change ( ) Addition
Name: SHEPPARD, JAMIE A
Address: POST OFFICE BOX 1600
City-St-Zip: BELLEVIEW, FL 34421

Title: VTD ( ) Change (X) Addition
Name: SHEPPARD, JEREMY A
Address: POST OFFICE BOX 1600
City-St-Zip: BELLEVIEW, FL 34421

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH A. SHEPPARD PD 01/13/2003

Electronic Signature of Signing Officer or Director — Date