

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91526 047 ***158.75

DOCUMENT # **PD1000007852**

1. Entity Name **Pinnacle Roofing, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

105 NE HUGHES ST.

3. Mailing Address

105 NE HUGHES ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT WALTON BEACH, FL

City & State
FORT WALTON BEACH, FL

4. FEI Number

59-3702689

Applied For

Not Applicable

Zip
32548

Country
OKALOOSA

Zip
32548

Country
OKALOOSA

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JAMES J. FOSTER

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

10221 EMERALD COAST PARKWAY

SUITE 22

City

DESTIN

FL

Zip Code

32550

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**PIV MTS
DEAN YANCEY
58 LAURIE DR.
FORT WALTON BEACH, FL 32548**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dean Yancey DEAN YANCEY

4/19/02 850 259 3326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)