

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

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90703 038 ***158.75

DOCUMENT # P010000013357 ✓

1. Entity Name

Pinnacle Mortgage, Placement & Development Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1497 MAIN ST

Suite, Apt. #, etc.

260

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dunedin FL

City & State

4. FEI Number

59-3697025

Applied For

Not Applicable

Zip

34698

Country

U.S.A.

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

Joseph Nenoff

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

2796 Resnik Circle East

City

Palm Harbor

FL

Zip Code

34683

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent Signature required when reinstating)

4-4-02
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 President / Director / Treasurer
NAME Joseph Nenoff
STREET ADDRESS 2796 Resnik Circle E
CITY - ST - ZIP Palm Harbor FL 34683

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE V.P. / Director / Secretary
NAME Steven Sherman
STREET ADDRESS 1380 Kallie Ct # 308
CITY - ST - ZIP Dunedin FL 34698

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE Director
NAME Clifford Nenoff
STREET ADDRESS 1712 24th St
CITY - ST - ZIP Norwalk NY 14305

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-02
Date

727-736-4521
Daytime Phone #

CR2034B (12/01)