2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115567

1. Entity Name
SOUTHERN PINNACLE SERVICES INC.

S-Corp ⓡ

09-18-2002 90057 040 ---150.00
P01000115567

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
45 SHORES AVE.	45 SHORES AVE.
NAPLES FL 34110	NAPLES FL 34110

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
45 Shores Ave	45 Shores Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Naples Fl.	
City & State	City & State
34110	Naples Fl.

Zip	Country	Zip	Country
	Collier	34110	Collier

4. FEI Number 75- 3000470

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARKER, BRENT R	Name Brent R. Parker
45 SHORS AVE.	Street Address (P.O. Box Number is Not Acceptable)
NAPLES FL 34110	45 Shores Ave.
	City Naples, FL Zip Code 34110

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 _Brent R. Parker_

Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)

DATE 7/25/02

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, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME PARKER, BRENT R STREET ADDRESS 45 SHORES AVE. CITY-ST-ZIP NAPLES FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: _Brent R. Parker_   Brent R. Parker   7/25/02   941-513-9757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #