

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

0381242 AV

DOCUMENT # P92000014808

1. Entity Name
PINNACLE BENEFITS, INC.



04-18-2003 90219 011 ***150.00

Principal Place of Business
701 U S HIGHWAY ONE
SUITE 200
NORTH PALM BEACH FL 33408
US

Mailing Address
701 U S HIGHWAY ONE
SUITE 200
NORTH PALM BEACH FL 33408
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0376581

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HARRIS, GEORGE E
11380 PROSPERITY FARMS RD
SUITE 201
PALM BEACH GARDENS FL 33410

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD
NAME LOWE, FREDERICK R
STREET ADDRESS 701 U.S. HWY. ONE, SUITE 200
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

TITLE VT
NAME DENNIS F. PLANT
STREET ADDRESS 701 U.S. HIGHWAY ONE, SUITE 200
CITY-ST-ZIP NORTH PALM BEACH, FL 33408 ☐ Change ☒ Addition

TITLE D
NAME STEPHENS, SAM A
STREET ADDRESS 701 U.S. HWY. ONE, SUITE 200
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME CERRE-RUEDISILI, DEBRA
STREET ADDRESS 701 U.S. HIGHWAY ONE, STE 200
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME DUGGAN, ALAN N
STREET ADDRESS 701 U.S. HIGHWAY ONE, STE 200
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT
NAME JOHNSON, DONALD L
STREET ADDRESS 701 U.S. HIGHWAY ONE, STE 200
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME MISIASZEK, MELODY A
STREET ADDRESS 701 U.S. HIGHWAY ONE, STE 200
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELODY A. MISIASZEK 4-15-03

800-226-1898

SECRETARY

Date

Daytime Phone #

CR2E034 (10/02)