

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000088190**1. Entity Name  
**PINNACLE ASSET MANAGEMENT, INC.**Principal Place of Business  
1548 THE GREENE WAY  
SUITE 6  
JACKSONVILLE BEACH FL 32250  
USMailing Address  
1548 THE GREENE WAY  
SUITE 6  
JACKSONVILLE BEACH FL 32250  
US2. Principal Place of Business  
1548 THE GREENS WAY3. Mailing Address  
1548 THE GREENS WAYSuite, Apt. #, etc.  
SUITE 6Suite, Apt. #, etc.  
SUITE 6City & State  
JACKSONVILLE BEACH FLCity & State  
JACKSONVILLE BEACH FLZip Country  
32250 USZip Country  
32250 US4. FEI Number  
**59-3216980**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****MASSANISO PETER A**  
1548 THE GREENE WAY  
SUITE 6  
JACKSONVILLE BEACH FL 32250  
US**7. Name and Address of New Registered Agent**Name  
**MASSANISO PETER A**  
Street Address (P.O. Box Number is Not Acceptable)  
**1548 THE GREENS WAY**  
SUITE 6  
City  
**JACKSONVILLE BEACH FL** Zip Code  
**32250**

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 **PETER A. MASSANISO****01/30/2001**

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) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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**TITLE D ☐ Delete  
NAME **MASSANISO PETER A**  
STREET ADDRESS **1548 THE GREENE WAY #6**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
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CITY-ST-ZIPTITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE MR ☒ Change ☐ Addition  
NAME **MASSANISO PETER A**  
STREET ADDRESS **1548 THE GREENS WAY #6**  
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Peter A. Massaniso****Mr 01/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)