

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069813

1. Entity Name

PINNACLE FUNDING CORP.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90091 015 ***158.75

Principal Place of Business

1904 INDIAN ROAD
WEST PALM BEACH FL 33406
US

Mailing Address

1904 INDIAN ROAD
WEST PALM BEACH FL 33406-8616
US

2. Principal Place of Business

2669 FOREST HILL
Suite, Apt. #, etc.
240

3. Mailing Address

2669 FOREST HILL BLVD
Suite, Apt. #, etc.
240



DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

65-0522375

Applied For

Not Applicable

Zip

33406

Country

US

Zip

33406

Country

US

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

PETERSON, DARRELL L
2001 A AUSTRALIAN AVENUE
RIVIERA BEACH FL 33404

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

2669 FOREST HILL BLVD.
STE 240

City

WEST PALM BEACH 1 FL

Zip Code

33406

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	DP	<input type="checkbox"/> Delete
NAME	PETERSON, DARRELL L	
STREET ADDRESS	1904 INDIAN ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)