

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90065 040 ***150.00

DOCUMENT # P95000003329

1. Entity Name
PINNACLE FINANCIAL GROUP INC.

Principal Place of Business
31 GLENCAIRN RD
PALM BEACH GARDENS FL 33418

Mailing Address
31 GLENCAIRN RD
PALM BEACH GARDENS FL 33418

2. Principal Place of Business
742 LAKESIDE DRIVE
 Suite, Apt. #, etc.

3. Mailing Address
742 LAKESIDE DRIVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NORTH PALM BEACH FL
 Zip
33408

City & State
NORTH PALM BEACH FL
 Zip
33408

4. FEI Number **65-0552149**
 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GEIGER, CYNTHIA
31 GLENCAIRN RD
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
742 LAKESIDE DRIVE
 City **NORTH PALM BEACH** FL Zip Code **33408**

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 **4/23/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirements 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
 NAME **P JAMES GEIGER** ☐ Delete
 STREET ADDRESS **31 GLENCAIRN RD**
 CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE
 NAME **D,P,T,S** ☒ Change ☒ Addition
 STREET ADDRESS **742 LAKESIDE DRIVE**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE
 NAME ☐ Change ☐ Addition
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/23/02** DAYTIME PHONE # **561-662-9595**

CR2E034 (9/01)