

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017767

1. Entity Name

PINNACLE ENGINEERING SERVICES, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90094 035 ***158.75

Principal Place of Business

Mailing Address

11726 MEADOWLARK CIR.
STUART FL 34997

11726 MEADOWLARK CIR.
STUART FL 34997-2974

2. Principal Place of Business

3. Mailing Address

P.O. Box 2374

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
STUART, FL

Zip

Country

Zip

Country

34995

USA

4. FEI Number

65-0563804

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

ADAMS, STANLEY E III
11726 MEADOWLARK CIR.
STUART FL 34997

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.

SIGNATURE STANLEY E. ADAMS, III

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

(NOTE: Registered Agent signature required when reinstating)

3/22/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ADAMS, STANLEY E III	
STREET ADDRESS	11726 MEADOWLARK CIR.	
CITY - ST - ZIP	STUART FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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

3/22/00

Date

561-220-4076

Daytime Phone #

CR2E034 (9/99)