

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90454 033 ***150.00

DOCUMENT # P95000062156

1. Entity Name

PINNACLE CONSULTING GROUP, INC.

Principal Place of Business

**566 FALCON FORK WAY
 JACKSONVILLE FL 32259**

Mailing Address

**566 FALCON FORK WAY
 JACKSONVILLE FL 32259**

2. Principal Place of Business

256 NORTH BARTRAM TRAIL

3. Mailing Address

256 NORTH BARTRAM TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL

Zip

32259

Country

USA

Zip

32259

Country

USA

4. FEI Number

59-3333157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**VONNIEDA, TODD C
 566 FALCON FORK WAY
 JACKSONVILLE FL 32259**

7. Name and Address of New Registered Agent

Name

VONNIEDA, TODD C

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

256 NORTH BARTRAM TRAIL

City

JACKSONVILLE, FL

FL

Zip Code

32259

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

Todd C Vonnieda **TODD C VONNIEDA**

4/29/02

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	VONNIEDA, TODD C	
STREET ADDRESS	566 FALCON FORK WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	VONNIEDA, TAMMY L	
STREET ADDRESS	566 FALCON FORK WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VONNIEDA, TODD C	
STREET ADDRESS	256 NORTH BARTRAM TRAIL	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VONNIEDA, TAMMY L	
STREET ADDRESS	256 NORTH BARTRAM TRAIL	
CITY-ST-ZIP	JACKSONVILLE, FL 32259	
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

Todd C Vonnieda **TODD C VONNIEDA**

4/29/02

904/342-5000

Date

Daytime Phone #

CR2E034 (9/01)