

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90648 007 \*\*\*150.00

**DOCUMENT # P95000062156**

1. Entity Name  
**PINNACLE CONSULTING GROUP, INC.**



Principal Place of Business  
**256 NORTH BARTRAM TRAIL  
JACKSONVILLE FL 32259**

Mailing Address  
**256 NORTH BARTRAM TRAIL  
JACKSONVILLE FL 32259**

2. Principal Place of Business  
**1140 Kingsland Ct.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1140 Kingsland Ct.**  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**Jacksonville, FL**  
Zip  
**32259** Country  
**US**

City & State  
**Jacksonville, FL**  
Zip  
**32259** Country  
**US**

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  
256 NORTH BARTRAM TRAIL  
JACKSONVILLE FL 32259**

## 7. Name and Address of New Registered Agent

Name  
**VONNIEDA, TODD C**  
Street Address (P.O. Box Number is Not Acceptable)  
**1140 KINGSLAND CT**  
City **Jacksonville** FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Todd C Vonnieda*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/15/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **VONNIEDA, TODD C**  
STREET ADDRESS **256 NORTH BARTRAM TRAIL**  
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **D** ☐ Delete  
NAME **VONNIEDA, TAMMY L**  
STREET ADDRESS **256 NORTH BARTRAM TRAIL**  
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **VONNIEDA, TODD C**  
STREET ADDRESS **1140 KINGSLAND CT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

TITLE **D** ☒ Change ☐ Addition  
NAME **VONNIEDA, TAMMY L**  
STREET ADDRESS **1140 KINGSLAND CT**  
CITY-ST-ZIP **JACKSONVILLE, FL 32259**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Todd C Vonnieda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/03**  
Date

**904/230-1266**  
Daytime Phone #

CR2E034 (10/02)