2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90041 031 ***150.00

DOCUMENT # P95000080964

1. Entity Name
PINNACLE INSURANCE & FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
3605 LEX COURT PORT ORANGE FL 32119-4275 US	3605 LEX COURT PORT ORANGE FL 32119-4275 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2726 INDIA BLVD	2726 INDIA BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELTONA, FL	City & State: DELTONA, FL
Zip: 32738 Country:	Zip: 32738 Country:

4. FEI Number 59-3339973 ☐ 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
~~EPSTEIN, JON G~~	Name
~~9781 NOVA RD~~ 2726 INDIA BLVD	Street Address (P.O. Box Number is Not Acceptable)
~~STE 455~~	
~~PORT ORANGE FL 32119~~ DELTONA, FL 32738	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 ______________________________
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EPSTEIN, JON G 3605 LEX COURT PORT ORANGE FL 32119-4275	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 2726 INDIA. BLVD. DELTONA, FL 32738	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: Jon G. Epstein 4/17/02 386 334-2126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #