2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000066847** Mar 15, 2000 8:00 am Secretary of State PINKERTON CONSTRUCTION, INC. 03-15-2000 90066 040 ***150.00 Mailing Address Principal Place of Business 2510 LAKE DRIVE NORTH 2510 LAKE DRIVE NORTH BOYNTON BEACH FL 33435-2415 **BOYNTON BEACH FL 33435** 3. Mailing Address 2. Principal Place of Business DR.N. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 65-0696093 Not Applicable Country USA. **\$8.75** Additional 5. Certificate of Status Desired 3435 U.S.A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PINKERTON, JOHN H JR. Street Address (P.O. Box Number is Not Acceptable) 2510 LAKE DR., NORTH **BOYNTON BEACH FL 33435** FL 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** DATE "Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) . . . FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition **PVST** Change ☐ Detete TITLE PINKERTON, JOHN JR. NAME NAME STREET ADDRESS 2510 LAKE DRIVE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** Change ☐ Addition TITLE ☐ Delete TITLE PINKERTON, JOHN JR. NAME NAME STREET ADDRESS 2510 LAKE DRIVE NORTH STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33435** CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

JOHN H. PINNERTON SR

7339610 (SW

Daytime Phone #

Change

☐ Addition