

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 24, 2000 8:00 am**
Secretary of State

01-24-2000 90269 019 ***150.00

DOCUMENT # P96000068061

1. Entity Name

PINNACLE BUSINESS SERVICES, INC.

Principal Place of Business

17222 ALICO CENTER ROAD
#3
FORT MYERS FL 33912

Mailing Address

24761 LYONIA LANE
BONITA SPRINGS FL 34134-7941

2. Principal Place of Business

3. Mailing Address

17222 Allico Center Rd., #3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Myers, FL

Zip

Country

Zip

Country

33912

USA

4. FEI Number

65-0697260

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

VOLPE, MICHAEL J
4001 TAMiami TRAIL NORTH
SUITE 330
NAPLES FL 34103

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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
PTD
MACFARLANE, DENNIS
15894 BROTHERS COURT
FORT MYERS FL 33912 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
macFarlane, Dennis
17222 Allico Center Rd., #3
Ft. Myers, FL 33912 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
MACFARLANE, PATRICIA
15894 BROTHERS COURT
FORT MYERS FL 33912 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
macFarlane, Patricia
17222 Allico Center Rd., #3
Ft. Myers, FL 33912 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)