

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**  
 05-03-2000 90017 036 \*\*\*150.00

**DOCUMENT # P96000087722**

1. Entity Name

**PINNACLE TELCOM, INC.**

Principal Place of Business

Mailing Address

**3754 CENTRAL AVENUE  
 ST PETERSBURG FL 33711  
 US**

**3754 CENTRAL AVENUE  
 ST PETERSBURG FL 33711-1236  
 US**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 116166**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ST. PETERS FL**

4. FEI Number **59-3410643**

Applied For  
 Not Applicable

Zip

Country

**33733**

Country

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

**AMBROSE, ROBIN J  
 3754 CENTRAL AVENUE  
 ST. PETERSBURG FL 33711**

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/24/00**  
 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 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 **PRES** ☒ Delete  
 NAME **AMBROSE, ROBIN J**  
 STREET ADDRESS **2482 PINELLAS POINT DR S**  
 CITY-ST-ZIP **ST PETE FL 33711**

TITLE **TS** ☒ Change ☐ Addition  
 NAME **ROBIN AMBROSE**

TITLE **S.T.** ☐ Delete  
 NAME **DORATHA JONES**  
 STREET ADDRESS **3421- 37 ST. N**  
 CITY-ST-ZIP **ST. PETERS, FL 33713**

TITLE **S.T.** ☐ Change ☒ Addition  
 NAME **DORATHA JONES**  
 STREET ADDRESS **3421- 37 ST. N**  
 CITY-ST-ZIP **ST. PETERS, FL 33713**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

**ROBIN J. AMBROSE**

Date

Daytime Phone #

**4-24-00 787-327-3355**

CR2E034 (9/99)