

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087722

1. Entity Name
PINNACLE TELCOM, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90017 029 ***150.00

Principal Place of Business
3754 CENTRAL AVENUE
ST PETERSBURG FL 33711
US

Mailing Address
PO BOX 16166
ST PETERSBURG FL 33733
US

2. Principal Place of Business
PINNACLE TELCOM
Suite, Apt. #, etc.
5729 CENTRAL AV
City & State
ST. PETE FL
Zip
33710 Country
PINELLAS

3. Mailing Address
5729 CENTRAL AV.
Suite, Apt. #, etc.
City & State
ST. PETE FL
Zip
33710 Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3410643 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AMBROSE, ROBIN J
3754 CENTRAL AVENUE
ST. PETERSBURG FL 33711

7. Name and Address of New Registered Agent
Name-- ROBIN J. AMBROSE
Street Address (P.O. Box Number is Not Acceptable)
5729 CENTRAL AVE
City ST. PETE FL Zip Code 33710

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 _____ (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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS AMBROSE, ROBIN J 2482 PINELLAS POINT DR S ST PETE FL 33711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, DORLETHA 3421 37TH ST N SAINT PETERSBURG FL 33713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: ROBIN J. AMBROSE 5-1-01 727-327-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)