

# 2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062712

1. Entity Name

PINNACLE RENTAL HOMES, INC.

FILED

May 19, 2000 8:00 am  
Secretary of State

05-19-2000 90017 030 \*\*\*150.00

Principal Place of Business

3146 VINELAND RD  
KISSIMMEE FL 34746  
US

Mailing Address

3146 VINELAND RD  
KISSIMMEE FL 34746-4657  
US

2. Principal Place of Business

5260 W. IRLO BRONSON HWY  
Suite, Apt. #, etc.  
Ste 115

3. Mailing Address

5260 W. Irlo Bronson Hwy  
Suite, Apt. #, etc.  
Ste 115



DO NOT WRITE IN THIS SPACE

City & State

Kissimmee Fl

City & State

Kissimmee Fl

4. FEI Number

59-3471296

Applied For

Not Applicable

Zip

34746 Osceola

Zip

34746 Osceola

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

LANCE, JOHN W  
608 GOLFPARK DRIVE  
CELEBRATION FL 34747

Name

John Lance

Street Address (P.O. Box Number is not Acceptable)

5260 W. Irlo Bronson Hwy  
Ste 115

City

Kissimmee

FL

Zip Code

34746

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

John Lance

JOHN LANCE, PRESIDENT

4/30/00

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 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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:

John Lance

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00 407 397 0850

Date

Daytime Phone #

CR2E034 (9/99)