## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 28, 2000 8:00 am Secretary of State DOCUMENT # **P97000076929** PINECREST INVESTMENT GROUP, INC. 04-28-2000 90057 030 \*\*\*158.75 Principal Place of Business Mailing Address 1211 TECH BLVD. 1211 TECH BLVD. SUITE 101 SUITE 101 TAMPA FL 33619-7833 TAMPA FL 33619 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3467929 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRAKEFORD, WALTER H.C. Street Address (P.O. Box Number is Not Acceptable) 2212 4TH AVENUE TAMPA FL 33605 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ■ Addition ☐ Detete TITLE TITLE HOWE, DAVID B NAME NAME STREET ADDRESS 1211 TECH BLVD., SUITE 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33619** Change ☐ Delete ☐ Addition SALVADORE, SHERYL NAME NAME 1211 TECH BLVD., SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **TAMPA FL 33619** CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 requirer 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 BRING OF SIGNING OF S

1/25/2000 (813)664-0