

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90032 003 ***150.00

DOCUMENT # P97000086838

1. Entity Name

PINNACLE DEVELOPMENT AND CONSTRUCTION, INC.

Principal Place of Business

**180 TREEMONTE DRIVE
 ORANGE CITY FL 32763
 US**

Mailing Address

**180 TREEMONTE DRIVE
 ORANGE CITY FL 32763
 US**

2. Principal Place of Business

3. Mailing Address

86 Spring Vista Dr

86 Spring Vista Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

City & State

DEBARY FL

DEBARY FL

Zip

Country

Zip

Country

32713

USA

32713

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3511276

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

**DIVINE, RUSSELL W
 28 W. CENTRAL BLVD., STE. 260
 ORLANDO FL 32801**

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

John C. Gray

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-02

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, 2002 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 **DPST** ☐ Delete
 NAME **GRAY, JOHN C JR.**
 STREET ADDRESS **~~180 TREEMONTE DRIVE~~**
 CITY-ST-ZIP **~~ORANGE CITY FL 32763~~**

TITLE ☒ Change ☐ Addition
 NAME **86 Spring Vista Drive, Ste 200**
 STREET ADDRESS **DEBARY**
 CITY-ST-ZIP **FL 32713**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 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 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 C. Gray
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-02

386-668-6601

CR2E034 (9/01)