

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90343 042 \*\*\*150.00

0137482 AT

**DOCUMENT # P97000092893**

1. Entity Name  
**PINNACLE STAFFING, INC.**



Principal Place of Business  
**290 AVENUE A NW  
WINTER HAVEN FL 33881  
US**

Mailing Address  
**P.O. BOX 934  
WINTER HAVE FL 33882  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3476429**

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

**KINGHAM, MARK R  
2538 PARTRIDGE DRIVE  
WINTER HAVEN FL 33884**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KINGHAM, MARK R  
2538 PARTRIDGE DRIVE  
WINTER HAVEN FL 33884** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/7/03 863-298-8844**

Date

Daytime Phone #

CR2E034 (4/03)



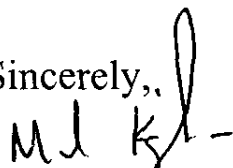
July 7, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

Dear Sir or Madam:

I am the President of Pinnacle Staffing, Inc, and Pinnacle Staffing of Central Florida, Inc. I have always paid my fees on a timely basis, but for some reason I did not receive my original uniform business reports for these corporations.

Please accept my check in the amount of \$150 to cover the filing fee for each corporation. I would appreciate your waiver of all late fees.

Sincerely,,  


Mark Kingham  
President  
Pinnacle Staffing, Inc.  
Pinnacle Staffing of Central Florida, Inc.