04/30/2002 15:04 5025830230 BOWDE

FILED
Jun 16, 2002 8:00 am
Secretary of State
05-10-2002 90063 016 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000036290

1. Entity Name
PINNACLE AVIATION, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

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2. Principal Place of Business	3. Mailing Address
2100 NORTH OCEAN BLVD	2100 NORTH OCEAN BLVD
Suite, Apt. #, etc.: APT. 1204	Suite, Apt. #, etc.: APT. 1204
City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE, FL
Zip: 33305 Country: US	Zip: 33305 Country: US

4. FEI Number: 59-3511627 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: DAVID KIMBERLY HACKETT
Street Address (P.O. Box Number is Not Acceptable): 2100 NORTH OCEAN BLVD, APT. 1204
City: FT. LAUDERDALE FL Zip Code: 33305

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 [signature] DATE 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	DAVID KIMBERLY HACKETT
STREET ADDRESS	2100 N OCEAN BLVD, APT 1204
CITY - ST - ZIP	FT. LAUDERDALE, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/02 954-609-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1