

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90074 016 ***150.00

DOCUMENT # P98000033921

1. Entity Name
PINNACLE DIRECT FUNDING CORPORATION



Principal Place of Business
**3457 PARKWAY CENTER COURT
ORLANDO FL 32808**

Mailing Address
**1500 LEE ROAD STE. 200
ORLANDO FL 32810**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3504854**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**LONG, DOUGLAS F
1500 LEE ROAD STE. 200
ORLANDO FL 32810**

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

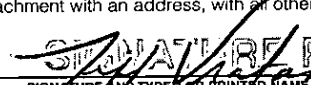
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	LONG, DOUGLAS F	
STREET ADDRESS	1500 LEE ROAD STE. 200	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	P, D	☐ Delete
NAME	VRATANINA, JEFFREY J	
STREET ADDRESS	3457 PARKWAY CENTER COURT	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	COO	☐ Delete
NAME	BROGAN, SEAN	
STREET ADDRESS	3457 PARKWAY CENTER COURT	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Change ☒ Addition
NAME	Long, Brenda K.	
STREET ADDRESS	1500 Lee Road, Suite 200	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE	D, T	☐ Change ☒ Addition
NAME	Vratanina, Lisa M.	
STREET ADDRESS	3457 Parkway Center Court	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	S	☐ Change ☒ Addition
NAME	Emerson-Campbell, Kate	
STREET ADDRESS	1500 Lee Road, Suite 200	
CITY-ST-ZIP	Orlando, FL 32810	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/10/03
Date

407 523-0000
Daytime Phone #

CR2E034 (10/02)