5/22

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-22-2001 90627 006 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037013 (A)

1. Entity Name

PINNACLE ADVISORS INC.

Principal Place of Business / Mailing Address

2411 NW 24 TERRACE
GAINESVILLE, FL 32605

[redacted] n934

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4830 NW 43 STREET	
Suite, Apt. #, etc. P259	Suite, Apt. #, etc.
City & State GAINESVILLE, FL	City & State
Zip 32606 Country US	Zip Country

4. FEI Number 59-3508424 ☐ 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
DAVID NYE (new address)	Name DAVID NYE
	Street Address (P.O. Box Number is Not Acceptable) 4830 NW 43 STREET P259
	City GAINESVILLE FL Zip Code 32606

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 DAVID NYE, PRESIDENT *David J Nye* 4/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR / DAVID NYE / 4830 NW 43 STREET ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P259 / GAINESVILLE, FL 32606 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: *David J Nye* DAVID J. NYE 4/30/01 352-262-6649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MAILED 6/12/01