

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90346 010 \*\*\*150.00

**DOCUMENT #** P98000061073

1. Entity Name

The Pinewalk Group, Inc.

**DO NOT WRITE IN THIS SPACE**

**B0053891**

2. Principal Place of Business

5345 Pinebark Lane

3. Mailing Address

5345 Pinebark Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

City & State

Wesley Chapel, FL

4. FEI Number

59-3522346

Applied For

Not Applicable

Zip 33543

Country

USA

Zip 33543

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Moskos, Jack P

Street Address (P.O. Box Number is Not Acceptable)

5345 Pinebark Lane

City

Wesley Chapel

FL

Zip Code

33543

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, 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) ☐

**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** D/P  
**NAME** Stephen G Thompson  
**STREET ADDRESS** P.O. Box 7076  
**CITY-ST-ZIP** Zephyrhills, FL 33539-7076

**TITLE** D  
**NAME** Joan M Torbett-Moskos  
**STREET ADDRESS** 5345 Pinebark Lane  
**CITY-ST-ZIP** Wesley Chapel, FL 33543

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**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen G Thompson, Pres

Date

813-973-8500

Daytime Phone #

CR2E034B (12/01)