## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 21, 2001 8:00 am DOCUMENT # P98000106369 **Secretary of State** PINNACLE PATENT SERVICES, INC. 02-09-2001 90236 031 \*\*\*155.00 Principal Place of Business Mailing Address 9832-D SUMMERBROOK TERR 9832-D SUMMERBROOK TERR ... \_ & D.U U A BOYNTON BEACH FL 33437 **BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3551281 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARONSON, RICHARD Street Address (P.O. Box Number Is Not Acceptable) 9832-D SUMMERBROOK TERR **BOYNTON BEACH FL 33437** Zip Code City 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 reins FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May 8e After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 ☐ Addition Defete ☐ Change NAME NAME ARONSON, RICHARD M STREET ADDRESS STREET ADDRESS 9832-D SUMMER BROOK TER CITY-ST-ZiP CITY-ST-ZIP BOYNTON BEACH FL 33437 Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TATLE TITLE - -NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). 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:

FILED