2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)							FILED Mar 06, 2002 8:00 am				
DOCUMENT # P9900038520 1. Entity Name							Secretary of State				
PINNACL	E YACHT	SALES, INC.					03-06-2002 9007	6 001 *:	**150.00)	
Principal Place of Business Mailing Address						-					
1515 SE 17TH STE. 125 FORT LAUDEI	1 ST RDALE FL 333	16	1080 SE 3RD AVE. FORT LAUDERDALE FL 33316				n 10000 4 0 0				
2. Principal F	Place of Busin	ess	3. Mailing Address			_	1 1001/1001 (1/0 1/0/10 1/0/1/ 0/0/1/ 0/0/1/ 0/0/1/ 0/0/				
Suite, Apt. #, etc.			Sulte, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. F	El Number 65-0915305			pplied For of Applicable	
Zip	Country		Zip	Country		5. 0	Certificate of Status Desired	□ \$	8.75 Add	ditional	
	and Address of Current Re		7. Name and Address of New Registered Agent								
WRIGHT, PETER 1080 SE 3RD AVE.					Name (D.O. Day Number in New Assessments)						
					Street Address (P.O. Box Number is Not Acceptable)						
FORT LA	JDERDALE I	FL. 33316		-					Zip Cod		
A The live								FL		<u> </u>	
SIGNATURE	e named entity	r submits this statement for tr	ne purpose of changing its r	registerea (onice or regis	stered age	ent, or both, in the State of Florida	1.			
- GIGIVATORIE	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE:	: Registered Ag	ent signature requ	uired when re	instating)	DATE			
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!! After May 1, 200 Make Check Payabl	l be \$550.0		Election Campaign Financ Trust Fund Contribution.	ing 🔲		May Be to Fees		
11.		OFFICERS AND DI		12.		ADI	DITIONS/CHANGES TO OFFICE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1080 SE 3	STEVEN W IRD AVE DERDALE FL 33316	☐ Delete	TITLE NAME STREET AT				[.) Change	Addition	
TITLE	VPST		☐ Delete	TITLE				[.	Change	☐ Addition	
NAME STREET ADDRESS CHTY-ST-ZIP	1000 SE SND AVE				DDRESS						
TITLE	FURI LAU	DERUALE PL 33316	Delete	CITY-ST-	-	 				Addition	
NAME STREET ADDRESS CITY-ST-ZIP		and and the second second second	The second secon	STREET AL CITY-ST-	DDRESS	ه ښاريسممند کې د	ాహాల్స్ 270 - జ్ఞూర్ జాంతాహార్క్ స్టోడ్ ఇది కార	ه میسوده	. • .	- - · · ;	
TITLE			☐ Delete	TITLE] Change	Addition	
STREET ADDRESS				NAME STREET AL	L L						
CITY-ST-ZIP TITLE		· .	☐ Delete	CITY-\$T-	ZIP				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET AL CITY-ST-							
TITLE NAME			☐ Delete	TITLE					Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1			STREET AL							
13. I hereby of indicated of the corchanged,	certify that the on this report poration or th or on an atta	information supplied with thi or supplemental report is true e receiver or trustee employ achment with an address, byti	is ling does not qualify for the line and that my seried to execute this report a half other like empowered.	the exempt y signature as required	tion stated in shall have the by Chapter 6	Section 1 ne same le 607, Florid	19.07(3)(i), Florida Statutes. I furt egal effect as if made under oath; da Statutes; and that my name ap	her certify that I am pears in B	that the in an officer Block 11 or	formation or director Block 12 if	

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR