

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90117 028 ***150.00

DOCUMENT # P99000075102

1. Entity Name

PINNACLE TOWERS III INC.

Principal Place of Business

**301 N CATTLEMEN ROAD
 SARASOTA FL 34232**

Mailing Address

**301 N CATTLEMEN ROAD
 SARASOTA FL 34232**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-3673684

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

**CT CORPORATION SYSTEM
 1200 SO. PINE ISLAND
 PLANTATION FL 33324**

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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 **DS** ☐ Delete
 NAME **DAY, STEVEN R**
 STREET ADDRESS **361 C'EZZANE DRIVE**
 CITY-ST-ZIP **OSPNEY FL 34229**

TITLE **CEO/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **WOLSEY, ROBERT J**
 STREET ADDRESS **8944 FISHERMANS BAY**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **CEO/IS/VP** ☐ Change ☒ Addition
 NAME **William T. Freeman**
 STREET ADDRESS **4914 Lyford Cay Rd**
 CITY-ST-ZIP **Tampa, FL 33629**

TITLE **P** ☐ Delete
 NAME **GABOURY, BEN**
 STREET ADDRESS **7444 MYRICA DR**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VF** ☒ Delete
 NAME **KOEHLER, DAVID**
 STREET ADDRESS **8145 SHADOW PINE WAY**
 CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **Controller** ☐ Change ☒ Addition
 NAME **Camille Blommer**
 STREET ADDRESS **1833 Oak View Dr**
 CITY-ST-ZIP **Sarasota, FL 34232**

TITLE **T** ☒ Delete
 NAME **SHIRLEY, CHRIS**
 STREET ADDRESS **13502 2ND AVE EAST**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **DECKER, TODD A**
 STREET ADDRESS **803 BENNINGER DR**
 CITY-ST-ZIP **BRANDON FL 33510**

TITLE **VP/T/Assistant Secretary** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 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(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:

Camille Blommer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 364-8886

CR2E034 (9/01)