

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # P99000096146

1. Entity Name

STEPHEN G. PINNEY, PE INC.

FILED

May 18, 2000 8:00 am
Secretary of State

04-19-2000 90021 049 ***150.00

Principal Place of Business 932 SW BAYSHORE BLVD. PORT ST. LUCIE FL 34983	Mailing Address 932 SW BAYSHORE BLVD. PORT ST. LUCIE FL 34983-1840
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2. Principal Place of Business 473 SE Verada St Suite, Apt. #, etc.	3. Mailing Address 473 SE Verada St. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Port St. Lucie, FL	City & State Port St. Lucie, FL	4. FEI Number 65-0956374	Applied For Not Applicable
Zip 34983-2242	Country USA	Zip 34983-2242	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EDGE, JOSEPH C/O THE TAX SHOPPE 932 SW BAYSHORE BLVD. PORT ST. LUCIE FL 34983	7. Name and Address of New Registered Agent Name: Steve Pinney Street Address (P.O. Box Number is Not Acceptable): 473 SE Verada St. City: Port St. Lucie FL Zip Code: 34983-2242
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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: Steve Pinney, Owner DATE: 4-11-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>STEPHEN G. PINNEY</u> <u>473 SE VERADA AVE</u> <u>PORT ST LUCIE, FL 34983</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Steve Pinney DATE: 4-11-00 DAYTIME PHONE: 561-879-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR