

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91745 016 \*\*\*150.00

DOCUMENT # **P99000096146**

1. Entity Name

**Stephen G. Pinney, PE Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1263 SW CEDAR COVE**

3. Mailing Address

**1263 SW CEDAR COVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

Country

**34986**

Zip

Country

**34986**

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**STEPHEN G. PINNEY**

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

**1263 SW CEDAR COVE**

City

**PORT SAINT LUCIE**

**FL**

Zip Code

**34986**

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

**Stephen G. Pinney**

(NOTE: Registered Agent signature required when reinstating)

**MAY 17, 2002**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**OWNER  
STEPHEN G. PINNEY  
1263 SW CEDAR COVE  
PORT ST LUCIE, FL 34983**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**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:

**Stephen G. Pinney**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAY 17, 2002 772-879-0600**

Date

Daytime Phone #

CR2E034B (12/01)