## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P99000109100**

1. Entity Name

PINNACLE HOMES SERVICES, INC.

Principal Place of Business

Mailing Address

5471 BAYMEADOWS RD.,STE.403 IACKSONWILLE FL 32256

SIGNATURE:

9471 BAYMEADOWS RD.STE.403 JACKSONVILLE FL 32256

2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2642002 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ATKERSON, CHARLES F JR. Street Address (P.O. Box Number is Not Acceptable) 9471 BAYMEADOWS RD., STE. 403 JACKSONVILLE FL 32256 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CEOD ☐ Delete TITLE TITLE NAME ATKERSON, CHARLES F JR. NAME STREET ADDRESS 9471 BAYMEADOWS RD., STE. 403 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Addition ☐ Change TITLE ☐ Delete TITLE WAKEFIELD, SERENA NAME NAME STREET ADDRESS 9471 BAYMEADOWS RD., STE. 403 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE PETERSON, HAROLD E NAME NAME -9471 BAYMEADOWS RD., STE. 403 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME BIDLEMAN, LYNN S NAME STREET ADDRESS 9471 BAYMEADOWS RD., STE. 403 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

FILED

Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90040 042 \*\*\*158.75

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