

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90739 016 ***150.00

DOCUMENT # **S 1 8 6 4 2**

1. Entity Name

PINECREST CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5390 WOODLAND LAKES DRIVE

3. Mailing Address

5390 WOODLAND LAKES DRIVE

Suite, Apt. #, etc.

406

Suite, Apt. #, etc.

406

City & State

PALM BEACH GARDENS FLA.

City & State

WEST PALM BEACH FLORIDA

Zip

33418

Country

P.A. County

Zip

33418

Country

PALM BEACH COUNTY

4. FEI Number

650234699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID W. MINTON

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

5390 WOODLAND LAKES DR #406

City

PALM BEACH GARDENS

FL

Zip Code

33418

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IN THIS SPACE**

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) ☒

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
**President
DAVID W. MINTON
5390 WOODLAND LAKES DRIVE
PALM BEACH GARDENS, FLA. 33418**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SEYMOUR A. VAUGHAN
ANDREW T. VAUGHAN
123 POTTER ROAD
WEST PALM BEACH FLA. 33405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)