FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am DOCUMENT # V42262 **Secretary of State** 1. Entity Name A PINNACLE MORTGAGE CORP. 02-04-2002 90110 012 ***150.00 Principal Place of Business Mailing Address 12734 KENWOOD LN #63 12734 KENWOOD LN #63 FORT MYERS FL 33907 FORT MYERS FL 33907 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0337464 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOUDREAU, THOMAS F Street Address (P.O. Box Number is Not Acceptable) 5356 CHIPPENDALE CR FORT MYERS FL 33919 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **BOUDREAU, THOMAS F** NAME STREET ADDRESS 5356 CHIPPENDALE CR CR2E034 STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33919 CITY-ST-ZIP TITLE ☐ Delete TITLE Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE: ☐ Change ☐ Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachmen

SICIA QUEE REQUIRED

dress, with all other like empowered

<u>1/16/09</u>

741-936-3432

Daytime Phone #