## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 09, 2002 8:00 am Secretary of State DOCUMENT # V72710 1. Entity Name PINNACLE CONSTRUCTION OF FORT LAUDERDALE, INC. 05-09-2002 90059 027 \*\*\*158.75 Principal Place of Business Mailing Address 2715 E OAKLAN PARK BLVD 3706 N. OCEAN BLVD. SUITE 460 FT LAUDERDALE FL 33306 FT. LAUDERDALE FL 33308 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 65-0376370 راجي ڇيون کان Not-Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LESOUSKY, JOHN Street Address (P.O. Box Number is Not Acceptable) 3706 N. OCEAN BLVD. SUITE 460 FT LAUDERDALE FL 33308 Zip Code City FL 8. The aba an armed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATUJE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Change TITLE ☐ Delete TITLE LESOUSKY, MICHAEL NAME NAME STREET ADDRESS 3706 N. OCEAN BLVD., STE. 460 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME LESOUSKY, JOHN NAME STREET ADDRESS STREET ADDRESS 3706 N. OCEAN BLVD., STE. 460 CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME LESOUSKY, JOHN NAME STREET ADDRESS 3706 N. OCEAN BLVD., STE. 460 STREET ADDRESS FT LAUDERDALE FL CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ 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 filling 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 attachment with an

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.2002

959) 563-70**9**0

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**FILED**