

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000023661

1. Entity Name

PINNACLE CONSTRUCTION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90167 008 ***150.00

Principal Place of Business

1407 JACKSON AVENUE
SUITE 3
PASCAGOULA MS 39567
US

Mailing Address

P O BOX 1501
PASCAGOULA MS 39568-1501
US

2. Principal Place of Business

1407 Jackson Ave. #3
Suite, Apt. #, etc.
#3

3. Mailing Address

P O BOX 1501
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Pascagoula, MS
Zip
39567
Country
USA

City & State
Pascagoula, MS
Zip
39568
Country
USA

4. FEI Number 59-3364987

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUSSELL, LILLIAN R
1159 LIONS GATE LANE
GULF BREEZE FL 32561
2557 Mary Fox Dr.

Name

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

City

FL

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 Lillian R. Fussell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	FUSSELL, LILLIAN R	
STREET ADDRESS	1159 LIONSGATE LANE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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.

SIGNATURE: Lillian R. Fussell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00
Date

762-3306
Daytime Phone #