2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State
03-19-2003 90122 046 ***150.00

DOCUMENT # 573415

1. Entity Name
PIAS, INC.

Principal Place of Business	Mailing Address
101 S. JEFFERSON STE. A PENSACOLA FL 32501 US	101 S. JEFFERSON STE. A PENSACOLA FL 32501 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
207 WEST ROMANA St	207 WEST ROMANA St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA, FL	City & State: PENSACOLA, FL
Zip: 32501 Country: USA	Zip: 32501 Country:

4. FEI Number 59-1832639 ☐ 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
CANTAVESPRE, PATRICIA 101 S. JEFFERSON ST. STE. A PENSACOLA BCH. FL 32501	Name Street Address (P.O. Box Number is Not Acceptable) 207 WEST ROMANA St City PENSACOLA, FL FL Zip Code 32501

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CANTAVESPRE, JO ANN 3612 SHANDWICK PLACE BIRMINGHAM AL 35242 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD P CANTAVESPRE,PATRICIA 101 S. JEFFERSON, STE. A PENSACOLA FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	207 WEST ROMANA St PENSACOLA, FL 32501 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Cantavespre 3/14/03 350-432-7378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIA CANTAVESPRE