

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90030 030 \*\*\*150.00

**DOCUMENT # P01000026572**  
 1. Entity Name  
**PIANO DISTRIBUTORS OF SARASOTA, INC.**

Principal Place of Business <b>520 LIGHTHOUSE WAY SANIBEL FL 33957</b>	Mailing Address <b>520 LIGHTHOUSE WAY SANIBEL FL 33957</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4441 S. TAMIMI TR SARASOTA FL 34231</b>	3. Mailing Address <b>4002 Roberts Point Rd SARASOTA FL 34242</b>
Suite, Apt. #, etc. <b>SARASOTA FL 34231</b>	Suite, Apt. #, etc. <b>SARASOTA FL 34242</b>
City & State	City & State

4. FEI Number  
**05-1087952**

Applied For
Not Applicable

Zip <b>34231</b>	Country <b>SARASOTA</b>	Zip <b>34242</b>	Country <b>SARASOTA</b>
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**SHIELDS, CHRISTOPHER J ESQ.  
 1833 HENDRY STREET  
 FORT MYERS FL 33901**

7. Name and Address of New Registered Agent  
 Name **William C. Boyce Jr**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4002 Roberts Point Rd**  
 City **SARASOTA** FL Zip Code **34242**

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 *W.C. Boyce Jr* **W.C. Boyce Jr.** DATE **1-25-02**  
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 Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BOYCE, WILLIAM C JR. 520 LIGHTHOUSE WAY SANIBEL FL 33957</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD BOYCE, SANDRA K 520 LIGHTHOUSE WAY SANIBEL FL-33957</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *W.C. Boyce Jr* **W.C. Boyce Jr** DATE **1-25-02** **941-927-2965**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)