

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079778

1. Entity Name

THE PIANO CO. OF PINELLAS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90135 025 ***150.00

Principal Place of Business

Mailing Address

1058 CEPHAS DRIVE
 CLEARWATER FL 33765

1058 CEPHAS DRIVE
 CLEARWATER FL 33765-2107

2. Principal Place of Business

3. Mailing Address

1710 N. HERCULES RD.

1710 N. HERCULES RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT #112

UNIT #112

City & State

City & State

CLEARWATER, FLORIDA

CLEARWATER, FLORIDA

Zip

Country

33765

U.S.A.

Zip

Country

33765

U.S.A.

4. FEI Number

59-3531203

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

POINTER, FERDINAND
 1058 CEPHAS DRIVE
 CLEARWATER FL 33765

Name
 POINTER, FERDINAND

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

1710 N. HERCULES RD.

UNIT #112

City
 CLEARWATER

FL

Zip Code
 33765

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 *Ferdinand Pointer*

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

(NOTE: Registered Agent signature required when reinstating)

2-12-00

DATE

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	POINTER, FERDINAND	1058 CEPHAS DRIVE	CLEARWATER FL 33765	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	POINTER, FERDINAND	1710 N. HERCULES RD., UNIT #112	CLEARWATER, FL 33765	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Ferdinand Pointer* **FERDINAND POINTER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

2-12-00 (277)443-2293
 Date Daytime Phone #

COPY 10/000