

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004240

1. Entity Name

PIEDMONT FAN DYNAMICS INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90124 012 ***150.00

Principal Place of Business

19029 US HWY 19N
 CLEARWATER FL 33764

Mailing Address

19029 US HWY 19N
 CLEARWATER FL 33764-3015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

14E

Suite, Apt. #, etc.

14E

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1858268

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEAD, THOMAS E
 19029 US HWY 19N
 CLEARWATER FL 33764

Name

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

City

APT 14E
 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

Thomas E Head *Thomas E Head*

4/28/00

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

(NOTE: Registered Agent signature required when reinstating)

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	PC	<input type="checkbox"/> Delete
NAME	HEAD, THOMAS E	
STREET ADDRESS	19029 US HWY 19N	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	VVST	<input type="checkbox"/> Delete
NAME	HEAD, DORA L	
STREET ADDRESS	1700 NATCHEZ TRACE	
CITY-ST-ZIP	GREENSBORO NC 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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
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:

Thomas E Head THOMAS E HEAD

4/28/00

(777) 574-6272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #