

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 01, 2001 8:00 am  
Secretary of State**

02-01-2001 90009 047 \*\*\*150.00

**DOCUMENT # K28329**

1. Entity Name

**PIER 5, INC.**

Principal Place of Business

**1127 WESTWAY DRIVE  
SARASOTA FL 34236**

Mailing Address

**1127 WESTWAY DRIVE  
SARASOTA FL 34236**

2. Principal Place of Business

**614 South Owl Drive**

Suite, Apt. #, etc.

3. Mailing Address

**614 South Owl Drive**

Suite, Apt. #, etc.

City & State  
**Sarasota, Florida**City & State  
**Sarasota, Florida**Zip  
**34236**Country  
**USA**Zip  
**34236**Country  
**USA**4. FEI Number **65-0066165**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KANE, DANIEL  
1127 WESTWAY DRIVE  
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name  
**Kane, Daniel**Street Address (P.O. Box Number is Not Acceptable)  
**614 South Owl Drive**City  
**Sarasota,****FL**Zip Code  
**34236**

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 *Daniel Kane***Daniel Kane****01/15/01**

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, 2001 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>DP KANE, DANIEL 1127 WESTWAY DRIVE SARASOTA FL 34236</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS KANE, STANLEY 539 NORSOTA WAY SARASOTA FL 34242</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RAFFIA, MICHAEL J 113 LONGFELLOW STREET HARTSDALE NY</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BASCH, SHELDON 184 EVANDALE RD SCARSDALE NY</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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director, President Kane, Daniel 614 South Owl Drive Sarasota, FL 34236</b>	<input checked="" 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
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

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: *Daniel Kane***Daniel Kane, President****01/15/01 941-388-2288**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

808762  
#K28329

PIER 5, INC.  
614 South Owl Drive  
Sarasota, Florida 34236

January 19, 2001

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Gentlemen:

Re: 2001 Uniform Business Report  
Pier 5, Inc.  
Document #K28329

I enclose for filing the State of Florida's 2001 Uniform Business Report on behalf of Pier 5, Inc., together with its check in the amount of \$150 payable to the Department of State for the filing fee for the Uniform Business Report.

Kindly note the change in the UBR in Boxes 2, 3, 7 and 11, as well as the request to delete in Box 11 the pre-printed information on Raffia, Michael J., which request to delete was contained in the 2000 UBR.

If any additional information is sought, kindly advise me.

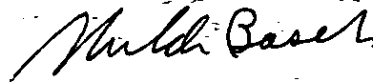
Would you kindly acknowledge receipt and filing of the 2000 Uniform Business Report for Pier 5, Inc. and filing fee

808762  
# K28329

Uniform Business Report  
Division of Corporations  
January 19, 2001  
Page Two

by signing and returning a copy of this letter in the  
enclosed envelope.

Sincerely,



Sheldon Basch  
Assistant Secretary

Receipt and filing of the above described  
2001 Uniform Business Report and filing  
fee on behalf of Pier 5, Inc. on this  
\_\_\_\_\_ day of January, 2001.

Division of Corporations, State of Florida

PIER 5, INC.  
614 South Owl Drive  
Sarasota, Florida 34236

808762  
#K28329

January 19, 2001

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