

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90221 046 ***150.00

DOCUMENT # K42793

1. Entity Name
PIED PIPER DESIGNS, INC.

Principal Place of Business Mailing Address
~~3271 RIVERS END WAY~~ **1000 U.S.#1N** ~~3271 RIVERS END WAY~~
~~PALM CITY FL 34990~~ **#762** ~~PALM CITY FL 34990~~ **Same**
US **JUPITER, FL** **US**
33477

2. Principal Place of Business 3. Mailing Address
1000 U.S.#1N **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
762

City & State City & State
JUPITER FL
 Zip Country Zip Country
33477 **Palm Beach**

6. Name and Address of Current Registered Agent
MCCORD, CASSANDRA K
~~3271 RIVERS END WAY~~ **1000 U.S.#1N #**
~~PALM CITY FL 34990~~ **762**
JUPITER, FL
33477

4. FEI Number **65-0080047** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 C. McCord DATE 4/19/01
 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. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MCCORD, CASSANDRA K <input type="checkbox"/> Delete 3271 RIVERS END WAY 1000 U.S.#1N PALM CITY FL 34990 #762 JUPITER, FL 33477	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: C. McCord - PRES Date 4/19/01 Daytime Phone # 561-748-7617
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)