FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am **DOCUMENT # L37911 Secretary of State** 1. Entity Name PIPER FAMILY INVESTMENT CORPORATION 02-15-2001 90094 010 ***150.00 Mailing Address Principal Place of Business 7400 14 ST NE 7400 14 ST NE ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address 1246 Darkington Oak Circle NE 1246 Darlington Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2981397 <u>5t. Refersburg</u> Petersburg Not Applicable Country Country - - -₹ Zip÷ \$8.75 Additional 5. Certificate of Status Desired 33703 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIPER, MARK A. Street Address (P.O. Box Number is Not Acceptable) 111 SECOND AVENUE NE **SUITE 1006** ST. PETERSBURG FL 33701 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition ☐ Change ☐ Delete TITLE TITLE PIPER, MARK A. NAME NAME STREET ADDRESS 111 SECOND AVE NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL DIVPIS ☐ Change Addition TITLE ☐ Delete TITLE Piper, Lynn A. 1246 Darlington Oak Circle NE NAME NAME STREET ADDRESS STREET ADDRESS St. Petersburg, FL 33703 CITY-ST-ZIP CITY-ST-ZIP . TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ⁴ TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.