FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 29, 2002 8:00 am Secretary of State DOCUMENT # P0000006683 1. Entity Name PIPER RESOURCES, INC. 04-29-2002 90073 044 \*\*\*150 00 Principal Place of Business Mailing Address 1439 RIVERGATE DR. 1439 RIVERGATE DR. JACKSONVILLE FL 32223 JACKSONVILLE FL 32223 2. Principal Place of Business Waterw DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3<del>613214</del> Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ... シャルモ PIPER, JUNE Street Address (P.O. Box Number is Not Acceptable 1439 RIVERGATE DR. III WATERWAY JACKSONVILLE FL 32223 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida SIGNATURE nd title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE PIPER, JUNE III WATERWAY RO. ☐ Addition PIPER, JUNE NAME 1439 RIVERGATE DR. STREET ADDRESS STREET ADDRESS POYAL PALM BEACH, FL 33411 CITY-ST-ZIP JACKSONVILLE FL 32223 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: