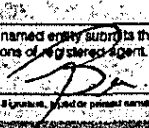
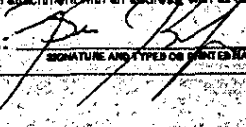


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90156 022 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

00000129

DOCUMENT # P00000090947			
1. Entity Name PI DEVELOPMENT, INC.			
Principal Place of Business 1722 W. HILLS AVENUE TAMPA, FL 33606		Mailing Address 1722 W. HILLS AVENUE TAMPA, FL 33606	
2. Principal Place of Business 2623 S. Hawthorne Circle		3. Mailing Address 2623 S. Hawthorne Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33629		Country	
Zip 33629		Country	
4. FEI Number 04-3813394		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KULPACA, BRUCE C 1722 W. HILLS AVENUE TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Bruce C. Kulpaca Street Address (P.O. Box Number is Not Acceptable) 2623 S. Hawthorne Circle City Tampa FL Zip Code 33629	
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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE  Bruce C. Kulpaca DATE 4/24/03 (Signature must be printed name of signatory agent, and must be a resident of the State. (NOTE: Registered Agent's signature required when necessary.)			
9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE:  Bruce C. Kulpaca		DATE 4/24/03 813-839-0177	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		Date Daytime Phone #	

CH20034 (10/02)