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)

00099129

DOCUMENT # P00000090947

1. Entity Name
PI DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1722 W. HILLS AVENUE TAMPA, FL 33606	1722 W. HILLS AVENUE TAMPA, FL 33606

2. Principal Place of Business	3. Mailing Address
2623 S. Hawthorne Circle	2623 S. Hawthorne Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33629 Country:	Zip: 33629 Country:

X CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
KULPACA, BRUCE C 1722 W. HILLS AVENUE TAMPA, FL 33606	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: [signature] Bruce C. Kulpaca 4/24/03

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: D NAME: KULPACA, BRUCE C STREET ADDRESS: 1722 W. HILLS AVENUE CITY-ST-ZIP: TAMPA, FL 33606 ☐ Delete	TITLE: D NAME: Kulpaca, Bruce C. STREET ADDRESS: 2623 S. Hawthorne Circle CITY-ST-ZIP: Tampa, FL 33629 ☐ Change ☐ Addition
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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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Bruce C. Kulpaca 4/24/03 813-839-0177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #