2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 01, 2003 8:00 am \$ Secretary of State P00000112549 **DOCUMENT #** 1. Entity Name 05-01-2003 90193 022 ***150.00 SOUTHEAST PIANO COMPANY Principal Place of Business Mailing Address 2332 SMULLIAN TRAIL NORTH 2332 SMULLIAN TRAIL NORTH JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. HECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3684335 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEAUX, ELIZABETH G Street Address (P.O. Box Number is Not Acceptable) 2332 SMULLIAN TRAIL NORTH JACKSONVILLE FL 32217 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete ☐ Addition TITLE TITLE Deavx, Elizabeth & 2332 Smullian Tr. No GLISSON, DONALD FRANK SR. NAME NAME STREET ADDRESS 4336 PABLO OAKS COURT STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32257 CITY-ST-7IP cksonville, TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [Change 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-ZIP CITY-ST-ZIP ☐ Change TITLE. ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

lizabeth G. Deaux 2/14/03 (904) 731-0075