

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90298 048 ***150.00

DOCUMENT # P00000114470

1. Entity Name

PIANO SERVICE INTERNATIONAL, INC.



Principal Place of Business
975 IMPERIAL GOLF COURSE BLVD.
STE. 111
NAPLES FL 34110

Mailing Address
1215 IMPERIAL DRIVE
NAPLES FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3686297**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MANCHEN, GUNTER
1215 IMPERIAL DRIVE
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MANCHEN, GUNTER	
STREET ADDRESS	1215 IMPERIAL DRIVE	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	SP	<input type="checkbox"/> Delete
NAME	MANCHEN, GISELA	
STREET ADDRESS	1215 IMPERIAL DR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHEN, WAYNE	
STREET ADDRESS	70 EAST BEAVER CREEK RD.	
CITY-ST-ZIP	RICHMOND HILL, ONTARIO CA L4B -1G6	
TITLE	D	<input type="checkbox"/> Delete
NAME	REUTER-MANCHEN, SUSANNA	
STREET ADDRESS	1215 IMPERIAL DRIVE	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 *Manchen* **REQUIRE** *Manchen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 24/03 (239) 591-0304
Date Daytime Phone #

CR2E034 (10/02)