2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State
01-09-2003 90006 012 ***150.00

DOCUMENT # P01000053524

1. Entity Name
PI INVESTMENTS, INC.

Principal Place of Business	Mailing Address
8205 MALVERN CIRCLE TAMPA FL 33634	8205 MALVERN CIRCLE TAMPA FL 33634

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
15831 BEREA DR.		15831 BEREA DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ODESSA, FL		City & State: ODESSA, FL	
Zip: 33556	Country: U.S.A.	Zip: 33556	Country: U.S.A.

4. FEI Number 03-0441306 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PURDY, ALI
8205 MALVERN CIRCLE
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name: ALI PURDY
Street Address (P.O. Box Number is Not Acceptable): 15831 BEREA DR
City: ODESSA FL Zip Code: 33556

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] ALI PURDY 1/6/03
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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURDY, ALI 8205 MALVERN CIRCLE TAMPA FL 33634	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALI PURDY 15831 BEREA DR. ODESSA, FL 33556	☒ 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

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 REQUIRED [signature] ALI PURDY 1/6/03 (813) 477-4017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #