

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90713 004 \*\*\*150.00

**DOCUMENT # P01000106752**

1. Entity Name  
**PIANOS PIANOS, INC.**



Principal Place of Business  
**717 BROADWAY  
DUNEDIN FL 34698**

Mailing Address  
**3825 TALAH DRIVE  
PALM HARBOR FL 34684**



2. Principal Place of Business

**3980 TAMPA RD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE # 101**

City & State

City & State

**ONDS MAR, FL**

Zip

Country

Zip

Country

**34677 PINELLAS**

4. FEI Number **59-3754186**

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

**VISSER, KENNETH R  
3825 TALAH DRIVE  
PALM HARBOR FL 34684**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>D</b>	<b>VISSER, KENNETH R</b>	<b>3825 TALAH DRIVE</b>	<b>PALM HARBOR FL 34684</b>						
	<b>D</b>	<b>VISSER, DEBORAH A</b>	<b>3825 TALAH DRIVE</b>	<b>PALM HARBOR FL 34684</b>						

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-07-03 727 736-1200**

CR2E034 (10/02)