

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

<b>DOCUMENT # P02000053412</b> 1. Entity Name <b>PIANO DISTRIBUTORS OF TAMPA, INC.</b>		
Principal Place of Business 520 LIGHTHOUSE WAY SANIBEL, FL 33957		Mailing Address 520 LIGHTHOUSE WAY SANIBEL, FL 33957
2. Principal Place of Business <b>231 BRANDON TOWN CR DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>1475 12th ST. E.</b> Suite, Apt. #, etc.
City & State <b>BRANDON, FL</b>		City & State <b>PALMETTO, FL</b>
Zip <b>33511</b>		Zip <b>34222</b>
Country <b>HILLSBOROUGH</b>		Country <b>MANATEE</b>
4. FEI Number <b>03-0449431</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  <b>SHIELDS, CHRISTOPHER J</b> 1833 HENDRY ST FT MYERS, FL 33901		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaining)</small>		
FILE NOW! FEES \$4,150.00 After May 1, 2003 Fee will be \$60,000 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP BOYCE, WILLIAM C JR 520 LIGHTHOUSE WAY SANIBEL, FL 33957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BOYCE, SANDRA K 520 LIGHTHOUSE WAY SANIBEL, FL 33957	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>X [Signature]</i>		Date _____ Daytime Phone # _____

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CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)