FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90135 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000053447

1. Entity Name
PIANO DISTRIBUTORS OF ORLANDO, INC.

11029712

Principal Place of Business	Mailing Address
520 LIGHTHOUSE WAY SANIBEL, FL 33957	520 LIGHTHOUSE WAY SANIBEL, FL 33957

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1475 12th ST. E.	1475 12th ST. E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALMETTO, FL	City & State: PALMETTO, FL
Zip: 34222 Country: MANATEE	Zip: 34222 Country: MANATEE

4. FEI Number: 03-0453095 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J
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 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	DP BOYCE, WILLIAM C JR 520 LIGHTHOUSE WAY SANIBEL, FL 33957 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4002 ROBERTS POINT RD. SARASOTA, FL. 34242
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST BOYCE, SANDRA K 520 LIGHTHOUSE WAY SANIBEL, FL 33957 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4002 ROBERTS POINT RD SARASOTA, FL 34242
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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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)