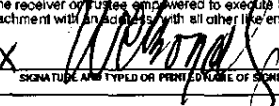


FILED
Apr 30, 2003 8:00 am
Secretary of State

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.		
Principal Place of Business 520 LIGHTHOUSE WAY SANIBEL, FL 33957		Mailing Address 520 LIGHTHOUSE WAY SANIBEL, FL 33957
2. Principal Place of Business 1475 12th ST. E.		3. Mailing Address 1475 12th ST. E.
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State PALMETTO, FL		City & State PALMETTO, FL
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's signature required when resigning.) DATE		
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$250.00 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 4002 ROBERTS POINT RD. SARASOTA, FL 34242 ☒ Change ☐ Addition
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 4002 ROBERTS POINT RD SARASOTA, FL 34242 ☒ 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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

11029712



☒ CHECK HERE IF MAKING CHANGES

CH20034 (10/02)