2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # P29620** May 26, 2000 8:00 am Secretary of State 1. Entity Name PIPER INDUSTRIES OF TEXAS, INC. 05-26-2000 90042 047 ***150.00 Principal Place of Business Mailing Address 7578 PRESIDENTS DRIVE 7578 PRESIDENTS DRIVE ORLANDO FL 32809-5605 ORLANDO FL 32809 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 75-1966915 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEMUS. ANTONIO Street Address (P.O. Box Number is Not Acceptable) 112 MARCIA DR **ALTAMONTE SPRINGS FL 32714** Zip Code City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. SD TITLE Change ☐ Addition Delete TITLE PIPER, SHIRLEY NAME NAME STREET ADDRESS STREET ADDRESS 7578 PRESIDENTS DR CITY-ST-ZIF CITY-ST-ZIP ORLANDO FL 32809 Change ☐ Addition ☐ Delete TITLE TITLE PIPER, PAUL P JR NAME 7578 PRESIDENTS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 Change Addition ☐ Delete TITLE TITLE MCCORMACK, LYNN NAME NAME 7578 PRESIDENTS DR STREET ADDRESS STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.