

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90303 019 ***150.00

0100/23 AV

DOCUMENT # P29620

1. Entity Name

PIPER INDUSTRIES OF TEXAS, INC.

Principal Place of Business

7578 PRESIDENTS DRIVE
ORLANDO FL 32809
US

Mailing Address

7578 PRESIDENTS DRIVE
ORLANDO FL 32809
US

2. Principal Place of Business

7482 Presidents Drive
Suite, Apt. #, etc.

3. Mailing Address

7482 Presidents Drive
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32809

Country

USA

Zip

32809

Country

USA

4. FEI Number

75-1966915

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEMUS, ANTONIO

112 MARCIA DR

ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name

Antonio Lemus

Street Address (P.O. Box Number is Not Acceptable)

108 Marcia Drive

City

Altamonte Springs

FL

Zip Code

32714

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

Signature, typed or printed name of registered agent and title if applicable.

Antonio Lemus

(NOTE: Registered Agent signature required when reinstating)

4/18/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIPER, SHIRLEY 7578 PRESIDENTS DR ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIPER, PAUL P JR 7578 PRESIDENTS DR ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCORMACK, LYNN 7578 PRESIDENTS DR ORLANDO FL 32809	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7482 Presidents Drive Orlando, FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	7482 Presidents Drive Orlando, FL 32809	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

Shirley F. Piper

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

407/857-4514

Daytime Phone #

CR2E034 (9/01)