

FILED

Mar 03, 2004 08:00
Secretary of Stat**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000061206	
1. Entity Name PIPS HOLDINGS, INC.	

Principal Place of Business 1001 3RD AVE W SUITE 700 BRADENTON, FL 34205 US	Mailing Address 1001 3RD AVE SUITE 700 BRADENTON, FL 34205 US
--	--



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0523067	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

E. Name and Address of Current Registered Agent

SAMS, TREVOR
2331 63RD AVE E
SUITE L
BRADENTON, FL 34203**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE



MR S SAMS CFO

01/22/04

**FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

U000000075008

03/03/04-80042-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAMS, TREVOR PRIMROSE HOUSE DOWN HILL TOTNES DEVON TQ9 5ES ENGLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SAMS, SUE PRIMROSE HOUSE DOWN HILL TOTNES DEVON TQ9 5ES ENGLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MR S SAMS

Date

01/22/04

Day/Phone #

941 739 9571