

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90003 026 ***150.00

DOCUMENT # P97000052424

1. Entity Name
PIANO EXCHANGE GROUP, INC.

Principal Place of Business
201 22 STREET S
SAINT PETERSBURG FL 33712
US

Mailing Address
201 22 STREET S
SAINT PETERSBURG FL 33712
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2739070**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BACION, DAVID A ESQ
2959 FIRST AVENUE NORTH
ST PETERSBURG FL 33713

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PENDERGAST, WILLIAM**
STREET ADDRESS **232 2ND AVENUE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE ☒ Change ☐ Addition
NAME **201 22 STREETS**
STREET ADDRESS **ST PETERSBURG FL 33712**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BARNES, ROBERT**
STREET ADDRESS **232 2ND AVENUE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE ☒ Change ☐ Addition
NAME **201 22 STREETS**
STREET ADDRESS **ST PETERSBURG FL 33712**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BRYANT, EARL EUGENE**
STREET ADDRESS **232 2ND AVENUE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE ☒ Change ☐ Addition
NAME **201 22 STREETS**
STREET ADDRESS **ST PETERSBURG FL 33712**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: Earl Eugene Bryant **4-23-2002** **727-327-9134**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)