

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0460322 AV

DOCUMENT # P98000062243

1. Entity Name

PIANO INSURANCE GROUP, INC.

04-02-2002 90044 028 ***150.00

Principal Place of Business
429-A POINSETTA AVENUE
CLEARWATER BEACH FL 33767

Mailing Address
429-A POINSETTA AVENUE
CLEARWATER BEACH FL 33767



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

P.O. BOX 3451

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CLEARWATER BCH.

City & State

City & State

FLA.

4. FEI Number **59-3513059**

Applied For
 Not Applicable

Zip

Country

Zip

33767

Country

FLORIDA

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

DRESLIN FINANCIAL SERVICES, INC.
13100 PARK BLVD
#C
SEMINOLE FL 33776

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSTD
PIANO, LOUIS
429-A POINSETTA AVENUE
CLEARWATER BEACH FL 33767

☐ Delete

TITLE
 NAME
 STREET ADDRESS
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☐ Change ☐ Addition

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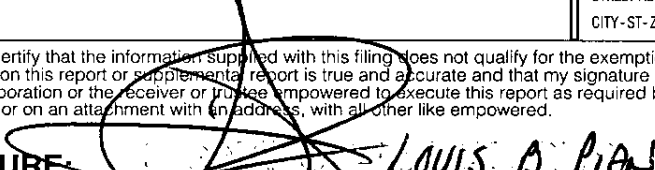
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☐ Change ☐ Addition

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:  **LOUIS A. PIANO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-447-5589

CR2E034 (9/01)