

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079778

1. Entity Name

THE PIANO CO. OF PINELLAS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90135 025 ***150.00

Principal Place of Business

Mailing Address

1058 CEPHAS DRIVE
CLEARWATER FL 33765

1058 CEPHAS DRIVE
CLEARWATER FL 33765-2107

2. Principal Place of Business

3. Mailing Address

1710 N. HERCULES RD.

1710 N. HERCULES RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT #112

UNIT #112

City & State

City & State

CLEARWATER, FLORIDA

CLEARWATER, FLORIDA

Zip

Country

Zip

Country

33765

U.S.A.

33765

U.S.A.

4. FEI Number

59-3531203

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

POINTER, FERDINAND
1058 CEPHAS DRIVE
CLEARWATER FL 33765

Name
POINTER, FERDINAND

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

1710 N. HERCULES RD.

UNIT #112

City
CLEARWATER

FL

Zip Code
33765

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

Ferdinand Pointer

2-12-00

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, 2000 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
PD
POINTER, FERDINAND
1058 CEPHAS DRIVE
CLEARWATER FL 33765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
POINTER, FERDINAND
1710 N. HERCULES RD., UNIT #112
CLEARWATER, FL 33765 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Ferdinand Pointer
PRESIDENT
FERDINAND POINTER

2-12-00

(277)443-2293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #