

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100397

1. Entity Name

BAGPIPER INVESTMENTS INC

**FILED**  
May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90037 041 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

433 DOUGLAS AVE

9 LAKE SHORE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
DUNEDIN FL

City & State  
PALM HARBOR FL

4. FEI Number 36-4261121

Applied For

Not Applicable

Zip 34698

Country USA

Zip 34684

Country USA

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

Name PETER A. BILLINGHAM

Street Address (P.O. Box Number is Not Acceptable)  
905 M.L. KING #610

City TAMPA SPRINGS FL Zip Code 34689

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  PETER A. BILLINGHAM 4-3-00  
(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 ☐ Delete  
DPT  
BENKER, HARTMUT  
STREET ADDRESS  
8880 GULFPORT BLVD STE 900  
CITY-ST-ZIP  
ST PETERSBURG FL 33707-2108

TITLE NAME ☒ Change ☐ Addition  
9 LAKE SHORE DR.  
STREET ADDRESS  
PALM HARBOR, FL 34684  
CITY-ST-ZIP

TITLE NAME ☒ Delete  
S  
LIGHT, BRIAN  
STREET ADDRESS  
8880 GULFPORT BLVD, STE #900  
CITY-ST-ZIP  
ST PETERSBURG FL 33707-2108  
RESIGNED 3/19/00

TITLE NAME ☐ Change ☐ Addition  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

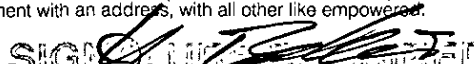
TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-00 727-942-1370  
Date Daytime Phone #

CR2E034 (9/99)