

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-05-2000 90037 041 ***150.00

DOCUMENT # P98000100397

1. Entity Name
BAGPIPER INVESTMENTS INC

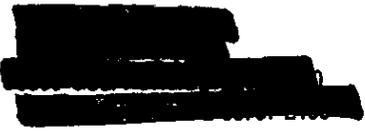
Principal Place of Business Mailing Address

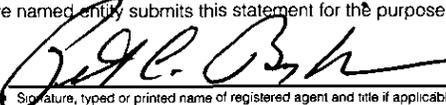

2. Principal Place of Business 3. Mailing Address
433 DOUGLAS AVE 9 LAKE SHORE DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

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 **TARPON 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. **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	DPT BENKER, HARTMUT 8880 GULFPORT BLVD STE 900 ST PETERSBURG FL 33707-2108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9 LAKE SHORE DR. PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIGHT, BRIAN 8880 GULFPORT BLVD, STE #900 ST PETERSBURG FL 33707-2108 <input checked="" type="checkbox"/> Delete RESIGNED 3/19/00	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE:  **4-20-00 787-942-1370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)