

2000 UNIFORM BUSINESS REPORT (UBR)

5/16

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-16-2000 90803 021 ***150.00

DOCUMENT # P99000007313

1. Entity Name

PINEY'S PIPING, INC.

Principal Place of Business

Mailing Address

RT. 22, BOX 107
 BILL CAMPBELL RD.
 TALLAHASSEE FL 32310

RT. 22, BOX 107
 BILL CAMPBELL RD.
 TALLAHASSEE FL 32308-5610

2. Principal Place of Business

3. Mailing Address

3489 TORCHMARK LANE
 Suite, Apt. #, etc.

3489 TORCHMARK LANE
 Suite, Apt. #, etc.

City & State
 TALL. FL.

City & State
 TALL. FL.

4. FEI Number
 39-3561790

Applied For
 Not Applicable

Zip
 32308 Country

Zip
 32308 Country

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

DEVEAS, MICHELLE
 RT. 22, BOX 107
 TALLAHASSEE FL 32310

Name
 NONE
 Street Address (P.O. Box Number is Not Acceptable)
 3489 TORCHMARK LANE
 City
 FL 32308

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, 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 Vincent K. DeVeas ☐ Delete
 STREET ADDRESS President
 CITY-ST-ZIP 3489 Torchmark Ln - Tall. FL. 32308

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

TITLE
 NAME Vice President
 STREET ADDRESS Michelle DeVeas
 CITY-ST-ZIP 3489 Torchmark Ln - Tall. FL. 32308

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

TITLE
 NAME Sec., Treas.
 STREET ADDRESS Michelle DeVeas
 CITY-ST-ZIP 3489 Torchmark Ln - Tall. FL. 32308

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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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: Michelle DeVeas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
 Date

933-3364
 Daytime Phone #

Michelle DeVeas

CR2E034 (9/99)