

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000007313

1. Entity Name
PINEY'S PIPING, INC.

Principal Place of Business
 3489 TORCHMARK LANE
 TALLAHASSEE FL 32308

Mailing Address
 3489 TORCHMARK LANE
 TALLAHASSEE FL 32308

2. Principal Place of Business
 3233 HOMESTEAD ROAD

3. Mailing Address
 3233 HOMESTEAD ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 TALLAHASSEE FL

City & State
 TALLAHASSEE FL

4. FEI Number
59-3561790
 Applied For
 Not Applicable

Zip Country
 32308

Zip Country
 32308

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
 3489 TORCHMARK LANE
 TALLAHASSEE FL 32308

Name
DEVEAS MICHELLE
 Street Address (P.O. Box Number is Not Acceptable)
 3233 HOMESTEAD ROAD
 City
TALLAHASSEE FL Zip Code
 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 **MICHELLE DEVEAS**

04/30/2001

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, 2001 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 ST Delete
 NAME **DEVEAS MICHELLE**
 STREET ADDRESS **3489 TORCHMARK LANE**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ST Change Addition
 NAME **DEVEAS MICHELLE**
 STREET ADDRESS **3233 HOMESTEAD ROAD**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE VP Delete
 NAME **DEVEAS MICHELLE**
 STREET ADDRESS **3489 TORCHMARK LANE**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE VP Change Addition
 NAME **DEVEAS MICHELLE**
 STREET ADDRESS **3233 HOMESTEAD ROAD**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE P Delete
 NAME **DEVAS VINCENT K**
 STREET ADDRESS **3489 TORCHMARK LANE**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE P Change Addition
 NAME **DEVAS VINCENT K**
 STREET ADDRESS **3233 HOMESTEAD ROAD**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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 DeVas**

VP **04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)