

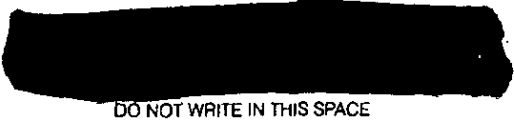
**2000 UNIFORM BUSINESS REPORT (UBR)**

5/

**FILED**  
**Jun 20, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90088 042 \*\*\*150.00

<b>DOCUMENT # P99000009656</b>			
1. Entity Name <b>PIED PIPER RENTALS &amp; INVESTMENTS INC.</b>			
Principal Place of Business P.O. BOX 517 LEHIGH ACRES FL 33970-0517		Mailing Address P.O. BOX 517 LEHIGH ACRES FL 33970-0517	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>PIPER, DANIEL W 514 WYOMING ROAD LEHIGH ACRES FL 33936</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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: <i>Daniel W. Piper</i> <b>Daniel W. Piper</b> President 4/25/00 <small>(NOTE: Registered Agent signature required when registering)</small>			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PIPER, DANIEL W P.O. BOX 517 LEHIGH ACRES FL 33970-0517</b> <input type="checkbox"/> Delete	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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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.			
<b>SIGNATURE:</b> <u>SIGNATURE</u>		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



DO NOT WRITE IN THIS SPACE

11-2-00