FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 07, 2002 8:00 am Secretary of State P99000009656 DOCUMENT # 1. Entity Name 08-07-2002 90172 044 ***550 00 PIED PIPER RENTALS & INVESTMENTS INC. Principal Place of Business Mailing Address P.O. BOX 517 P.O. BOX 517 **LEHIGH ACRES FL 33970-0517** LEHIGH ACRES FL 33970-0517 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0888098 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIPER, DANIEL W Street Address (P.O. Box Number is Not Acceptable) 514 WYOMING ROAD LEHIGH ACRES FL 33936 City 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (4/02)TITLE ☐ Delete TITI F ☐ Addition PIPER, DANIEL W NAME NAME P.O. BOX 517 STREET ADDRESS STREET ADDRESS LEHIGH ACRES FL 33970-0517 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change : ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 an other like empowered.

CITY-ST-ZIP,

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\$39.368-0468