

# 2000 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90074 002 \*\*\*150.00

**DOCUMENT # P99000043909**

1. Entity Name

PIE ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1413 TROVILLION AVE  
 WINTER PARK FL 32789

1413 TROVILLION AVE  
 WINTER PARK FL 32789-2909

2. Principal Place of Business

2309 Chandler Ave

Suite, Apt. #, etc.

3. Mailing Address

2309 Chandler Ave

Suite, Apt. #, etc.

City & State

Winter park FL

Zip

32789

Country

City & State

Winter park FL

Zip

32789

Country

4. FEI Number

59-3576405

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

RAINES, ROBERT JR.  
 1413 TROVILLION AVE  
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Robert Raines Jr

Street Address (P.O. Box Number is Not Acceptable)

2309 Chandler Ave

Winter park, FL

City

FL

Zip Code

32789

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)

2/21/00

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS RAINES, ROBERT JR.  
 CITY-ST-ZIP 1413 TROVILLION AVE  
 WINTER PARK FL 32789

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS RAINES, DAWN  
 CITY-ST-ZIP 1413 TROVILLION AVE  
 WINTER PARK FL 32789

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS John O'Donnell  
 CITY-ST-ZIP 825 Sunshine Lane  
 Altamonte Springs, FL 32714

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
 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)(l), 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/00

Date

407-647-0020

Daytime Phone #

CR2E034 (9/99)