

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91406 010 \*\*\*150.00

0526732 AV

**DOCUMENT # P01000104602**  
 1. Entity Name  
**MAPLE CREEK FARMS, INC.**

Principal Place of Business  
**8305 WAUCHULA RD  
 MYAKKA CITY FL 34251**

Mailing Address  
~~**8305 WAUCHULA RD  
 MYAKKA CITY FL 34251**~~



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**707 Gulfstream Ave #1008**  
 Suite, Apt. #, etc.  
**#1008**

City & State  
**Sarasota FL**

4. FEI Number  
**65-1147613**

Applied For  
 Not Applicable

Zip  
**34236**

Country  
**U.S.A.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SHARELL, GILBERT J  
 8305 WAUCHULA RD  
 MYAKKA CITY FL 34251**

7. Name and Address of New Registered Agent  
 Name  
**Gilbert J. Sharell**  
 Street Address (P.O. Box Number is Not Acceptable)  
**707 Gulfstream Ave #1008**  
 City  
**Sarasota FL** Zip Code  
**34236**

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: *Gilbert J. Sharell* **Gilbert J. Sharell** **3/19/02**  
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.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>Gilbert J Sharell</b> <input type="checkbox"/> Delete <b>8305 Wauchula Rd P O</b> <b>Myakka City FL 34251</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gilbert J. Sharell</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>707 Gulfstream Ave #1008</b> <b>Sarasota FL 34236</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gilbert J. Sharell Pres.* **Gilbert J. Sharell** **3/19/02** **941-650-4188**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)