

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 19, 2001 8:00 am  
Secretary of State

03-19-2001 90042 028 \*\*\*150.00

DOCUMENT # 657086

1. Entity Name

MAPLE LEAF ENTERPRISES, INC.

Principal Place of Business

213 EDWARD AVENUE  
LEHIGH FL 33936  
US

Mailing Address

213 EDWARD AVENUE  
LEHIGH FL 33936  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 98-0056305

Applied For  
Not Applicable

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

STEELE, VICTOR  
213 EDWARD AVE  
STE A  
LEHIGH ACRES FL 33972

Name

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

City

FL

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
STEELE, VIC  
213 EDWARD AVENUE  
LEHIGH ACRES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
CERONE KEVIN  
903 HENRY AVE  
LEHIGH ACRES FL 33916 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HOGAN, DRUMMOND  
309 JACKSON AVENUE  
LEHIGH ACRES FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V PRESIDENT  
CHRISTOPHER MILES  
14975 CEMETERY RD  
FT MYERS FL 33905 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
STEELE, JOYCE  
213 EDWARD AVENUE  
LEHIGH ACRES FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STEELE JOYCE  
213 EDWARD AVE  
LEHIGH ACRES FL 33972 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
CERONE, KEVIN  
129 GRANT AVE  
LEHIGH ACRES FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Blank] ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Blank] ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Blank] ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Blank] ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[Blank] ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-01

Date

941 369 4260

Daytime Phone #

CR2E034 (10/00)