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Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91393 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000004214

1. Entity Name
MAPLE LEAF SALES, LTD CORPORATION

90110907

Principal Place of Business	Mailing Address
5771 MINING TERRACE #104 JACKSONVILLE, FL 32257	5771 MINING TERRACE #104 JACKSONVILLE, FL 32257

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 38-2829495 ☐ 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
BEHNKEN, BRIAN P 5771 MINING TERRACE #104 JACKSONVILLE, FL 32257	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT BEHNKEN, BRIAN P 12384 FISHERMANS WHARF COURT JACKSONVILLE, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 381 Village Drive St. Augustine FL 32084
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS BEHNKEN, JOYCE A 12384 FISHERMANS WHARF COURT JACKSONVILLE, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 381 Village Drive St. Augustine FL 32084
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Brian P. Behnken 4/25/03 904-880-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #