2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # F15187

1. Entity Name

MAPLE TREE COMPANY

| 140 % CL 1 | ice oon | | | | | | | | | | | |
|--|--------------------------------|---|-----------------------|---|--|---------------------------|---|------------------------------|---|------------|---|-----------------------------|
| Principal Place of Business 130 BLOOMFIELD DR. W. PALM BEACH FL 33405 US | | | 130 B | Mailing Address 130 BLOOMFIELD DR. W PALM BEACH FL 33405 US | | | | | | | | |
| 2. Principal Place of Business 3. | | | | Mailing Address | | | | | 5 11 1 1 1115 1 1 111 | | | |
| Suite, Apt. #, etc. | | | Suit | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | City | City & State | | | 4. FEI Number 59-2063574 | | | | _ | pplied For ot Applicable |
| Zip | Zip Country | | | | Count | try | 5. Certificate of Status Desired | | | X | \$8.75 Ad | ditional |
| 6. Name and Address of Current | | | t Registere | ed Agent | | | 7. Name and Address of New Registered Agent | | | | | |
| | | | | | | Name | | - 1 | | | | |
| FARRELL, JOHN M. | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 130 BLOOMFIELD DR. | | | | | | | | | | | | |
| W PALM | BEACH FL | 33405 | | | | 1 | | | | | | |
| | | | | | City | | | | FL Zip Code | | | |
| | named entit tions of regist | y submits this statement ered agent. | for the pu r p | ose of changing its re | egistere | ed office or registe | ered ag | gent, or both, in the | State of Flori | ida. Iam | familiar with | and accept |
| SIGNATURE | Signature, typed | or printed name of registered age | nt and title if app | licable. (NOTE: F | Registered | 1 Agent signature require | ed when re | einstating) | | DATE | . <u>.</u> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | | | | * | 9. Election Ca Trust Fund | mpaign Fina Contribution. | | | 00 May Be d to Fees |
| 10. | | OFFICERS ANI | DIRECTO | BS | 11. | | ΑΓ. | DDITIONS/CHANGI | ES TO OFFIC | CERS AND | DIRECTOR | S IN 11 |
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| NAME | FARRELL, | JOHN M | | □ DCIC(E | NAME | I | | 1 | | | | C. Audanon |
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| NAME | | Joanna B. | | | NAME | : | | 1 | | | | |
| STREET ADDRESS | | MFIELD DR. | | | STREE | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | W PALM B | BEACH FL | | | CITY- | -\$T-ZIP | | | | | | |
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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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELL: 01/20/03

Daytime Phone #

FILED

Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90158 047 ***158.75