

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91061 027 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

90099724

DOCUMENT #G01877			
1. Entity Name UNIVERSAL MAP ENTERPRISES, INC.			
Principal Place of Business 795 PROGRESS CT. P O BOX 15 WILLIAMSON, MI 48895 US		Mailing Address 795 PROGRESS CT. P O BOX 15 WILLIAMSON, MI 48895 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 38-2428042		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.76 Additional Fee Required	
6. Name and Address of Current Registered Agent BOND, GREG 201 TECH DRIVE SANFORD, FL 32771		7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and if it is applicable, (NOTE: Registered Agent's name required when submitting)			
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
CD BOND, ROBERT 795 PROGRESS CT WILLIAMSTON, MI 48895		☐ Delete ☐ Change ☐ Addition	
PD BOND, GREG 201 TECH DR SANFORD, FL 32771		☐ Delete ☐ Change ☐ Addition	
STD RADKE, DON 795 PROGRESS CT WILLIAMSTON, MI 48895		☐ Delete ☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
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: _____		4/15/03 407-324-4401 E-205	
SIGNATURE AND TITLE OF NEW LEASES OF SHARED OFFICE OR DIRECTOR		Date	

CR12034 (10/02)