

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90819 024 ***150.00

DOCUMENT # H34219

1. Entity Name
MAPLE HILL GROVES, INC.



Principal Place of Business

14707 TAYLOR RD

SE HILLSBOROUGH CO

BOWLING GREEN FL 33834-6824

Mailing Address

14707 TAYLOR RD

SE HILLSBOROUGH CO

BOWLING GREEN FL 33834-6824

LITHIA, FL 33547

2. Principal Place of Business

14707 TAYLOR RD

Suite, Apt. #, etc.

SE HILLSBOROUGH CO

LITHIA, FL

33547

Country

FLORIDA

3. Mailing Address

14707 TAYLOR ROAD

Suite, Apt. #, etc.

SE HILLSBOROUGH CO

LITHIA, FL

33547

Country

FLORIDA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2483822**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHUMAN, MARY T

14707 TAYLOR RD, SE HILLSBOROUGH

BOWLING GREEN FL 33834-6824

LITHIA, FL 33547

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
STD	SHUMAN, MARY T.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	14707 TAYLOR RD	STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN FL LITHIA, FL 33547	CITY-ST-ZIP	
PD	SHUMAN, DAVID BYRON	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	14707 TAYLOR RD	STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN FL LITHIA, FL 33547	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

Mary T. Shuman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-2003 - 813-634-1995