

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90469 028 ***150.00

0156382 AV

DOCUMENT # J14407
1. Entity Name
MAPPCO, INC.

Principal Place of Business
MAPPCO INC.
2201 SW 59 AVE
HOLLYWOOD FL 33023
US

Mailing Address
% SANTIS, SUSAN DE
14401 SW 47 ST. CU 82
MIRAMAR FL 33027

2. Principal Place of Business
2240 SW 70TH AVE
Suite, Apt. #, etc.
UNIT I
City & State
DAVIE FL
Zip
33317
Country
BROWARD

3. Mailing Address
THOMAS DE SANTIS
Suite, Apt. #, etc.
P/O Box 127 1563 CR 309
City & State
GEORGETOWN
Zip
FL
Country
PUNAM



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2719397

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DESANTIS, SUSAN
14401 SW 47TH ST CU 82
MIRAMAR FL 33027

7. Name and Address of New Registered Agent
Name
THOMAS DE SANTIS
Street Address (P.O. Box Number is Not Acceptable)
1563 CR 309 P/O Box 127
City
GEORGETOWN, FL Zip Code
32139

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 *Thomas De Santis* (NOTE: Registered Agent signature required when reinstating) DATE *4/10/02*

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE SANTIS, SUSAN 14401 S.W. 47TH ST MIRAMAR FL <i>See New Address</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE SANTIS, THOMAS 14401 SW 47TH ST MIRAMAR FL <i>See New Address</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES THOMAS DE SANTIS 1563 CR 309 GEORGETOWN FL 32139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. SUSAN DE SANTIS 1563 CR 309 GEORGETOWN, FL. 32139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas De Santis* DATE: *4/10/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)