

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90049 041 ***150.00

DOCUMENT # J18882

1. Entity Name

MAP MASTERS, INC.

Principal Place of Business

4731 NW 51 PL
 GAINESVILLE FL 32606
 US

Mailing Address

P.O. BOX 357102
 GAINESVILLE FL 32635-7102

2. Principal Place of Business

5022 SW 91 DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

Zip

32608

Country

Zip

Country

4. FEI Number

59-2684029

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

GRAY, JAMES F
 3615 NW 13 ST
 SUITE B
 GAINESVILLE FL 32609

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME PD
 STREET ADDRESS HOWE, DAVID A
 CITY-ST-ZIP 4731 NW 51 PL
 GAINESVILLE FL 32606

TITLE Change Addition
 NAME
 STREET ADDRESS 5022 SW 91 DR
 CITY-ST-ZIP GAINESVILLE FL 32608

TITLE Delete
 NAME STD
 STREET ADDRESS HOWE, KATHRYN B
 CITY-ST-ZIP 4731 NW 51 PL
 GAINESVILLE FL 32606

TITLE Change Addition
 NAME
 STREET ADDRESS 5022 SW 91 DR
 CITY-ST-ZIP GAINESVILLE FL 32608

TITLE Delete
 NAME VP
 STREET ADDRESS HOWE, ANTHONY
 CITY-ST-ZIP 2423 NW 69 TERR
 GAINESVILLE FL 32606

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME VP
 STREET ADDRESS HOWE, JULIA D
 CITY-ST-ZIP 2423 NW 69 TERR
 GAINESVILLE FL 32606

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Kathryn B Howe KATHRYN B HOWE 4/14/00 352-371-8101
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)