

2001 UNIFORM BUSINESS REPORT (UBR)

0023573 AF

DOCUMENT # L00000007352

1. Entity Name

MAPP INVESTMENT GROUP, LLC

Principal Place of Business

1211 S.W. SUNSET TRAIL
PALM CITY FL 34990

Mailing Address

1211 S.W. SUNSET TRAIL
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

P.O. BOX 2428

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

STUART, FL

Zip

Country

Zip

Country

34995

MARTIN

4. FEI Number

65-1020946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEHON, ARTHUR M JR.
1211 S.W. SUNSET TRAIL
PALM CITY FL 34990

Name

ARTHUR M. DEHON, JR

Street Address (P.O. Box Number is Not Acceptable)

P.O. BOX 2428

2072 SE RIVERSIDE DR.

City

STUART

FL

Zip Code

34995

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 ARTHUR M. DEHON, JR.

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4/10/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE MANAGING MEMBER ☐ Delete
NAME ARTHUR M. DEHON, JR.
STREET ADDRESS 2072 SE RIVERSIDE DR.
CITY-ST-ZIP STUART, FL 34996

TITLE 500004085 ☐ Change ☐ Addition
NAME -04/27/01--01083--019
STREET ADDRESS *****50.00 *****50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ARTHUR M. DEHON, JR. 4/10/01 561/283-7300

CR2E083 (11/00)

