

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

DOCUMENT # **P02000022020**

1. Entity Name
MAPWARD, INC.



Principal Place of Business
**4185 WESTBOURNE CIR
SARASOTA FL 34238-3251**

Mailing Address
**4185 WESTBOURNE CIR
SARASOTA FL 34238-3251**

FILED
03 NOV -3 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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

03-0391400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLENNER, WALTER W ESQ.
2708 ALT 19 NORTH, STE 701
PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name

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

688824384186

11/03/03--01081--013 **150.00

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
KELLY, ELAINE
4185 WESTBOURNE CIR
SARASOTA FL 34238-3251** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-01-03 941-918

-012-

CR2E034 (4/03)

0110808 AV

Mapward, Inc.

4185 Westbourne Circle
Sarasota, FL 34238

Date :October 31, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Mapward, Inc.

To Whom It May Concern:

I recently received the enclosed Notice of Administrative Dissolution or Revocation for Mapward, Inc., a corporation that I formed last year. Although, my corporation has not been active in 2003 thus far, it was not my intent to dissolve it. Upon receiving your notice, I thoroughly searched my files and found the enclosed original Uniform Business Report that had been misfiled. Since finding this, I have spoken with my CPA and have made arrangements for all future UBRs to be sent to their attention so that this oversight does not reoccur.

Please accept this report and the enclosed check for \$150.00. I respectfully request forgiveness of the late filing penalty and the retroactive reinstatement of my corporation.

Sincerely,


Elaine Kelly, President
Mapward, Inc.