

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90136 042 ***150.00

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

90073209

DOCUMENT # P02000077350

1. Entity Name
MAPLE OAK, INC.



Principal Place of Business
**300 N COUNTY ROAD 427 SUITE 311
LONGWOOD, FL 32750**

Mailing Address
**300 N COUNTY ROAD 427 SUITE 311
LONGWOOD, FL 32750**

2. Principal Place of Business

1855 SWEETWATER W. CIR

3. Mailing Address

1855 SWEETWATER W. CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

APOPKA - FL

City & State

APOPKA FL

4. FEI Number

02-0632757

Applied For

Not Applicable

Zip

32712

Country

USA

Zip

32712

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSATO, MARTIN
300 N COUNTY ROAD 427 SUITE 311
LONGWOOD, FL 32750**

7. Name and Address of New Registered Agent

Name
WILLIAM H. RIPPARD

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

1855 SWEETWATER WEST CIRCLE

City
APOPKA

FL

Zip Code
32712

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

William H. Rippard

3/15/03

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

(NOTE: Registered Agent's 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

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

William H. Rippard

3/15/03

407 644-5811

SIGNATURE AND TYPED OR PRINTED NAME OF FORMING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EC034 (10/02)