

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000073202****1. Entity Name**
MAPES & MAPES, INC.**FILED**
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90064 013 ***150.00

900208



DO NOT WRITE IN THIS SPACE

Principal Place of Business**Mailing Address****525 8TH ST W**
BRADENTON FL 34205
US**525 8TH ST W**
BRADENTON FL 34205
US**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 **65-0689324**

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****MAPES, REED W.**
525 8TH ST W
BRADENTON FL 34205

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, 2001 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**

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--------------------|---|--|
| TITLE | VP | TITLE | |
| NAME | MAPES, REED W | NAME | |
| STREET ADDRESS | 525 8TH ST W | STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL 34205 | CITY-ST-ZIP | |
| TITLE | P | TITLE | |
| NAME | MAPES, MARY D | NAME | |
| STREET ADDRESS | 525 8TH ST W | STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL 34205 | CITY-ST-ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2001

Date

941-708-3444

Daytime Phone #

CR2E034 (10/00)