

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015579

1. Entity Name

MAP/OPL, INC.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90084 022 \*\*\*150.00

Principal Place of Business

341 NORTH MAITLAND AVENUE  
SUITE 340  
MIAMI FL 32751  
US

Mailing Address

341 NORTH MAITLAND AVENUE  
SUITE 340  
MIAMI FL 32751  
US

2. Principal Place of Business

951 North Lake Sybelia Drive  
Suite, Apt. #, etc.

3. Mailing Address

Post Office Drawer 7540  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Maitland, Florida

City & State

Maitland, Florida

4. FEI Number 59-3503314

Applied For

Not Applicable

Zip

Country

32751

USA

Zip

Country

32794-7540

USA

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

TATICH, PHILIP  
341 NORTH MAITLAND AVENUE  
SUITE 340  
MIAMI FL 32751

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

TITLE PD  
NAME OYLER, THOMAS ☐ Delete  
STREET ADDRESS 341 N MAITLAND AVENUE, SUITE 340  
CITY-ST-ZIP MAITLAND FL 32751

TITLE PD  
NAME Oyler, Thomas ☒ Change ☐ Addition  
STREET ADDRESS 951 North Lake Sybelia Drive  
CITY-ST-ZIP Maitland, Florida 32751

TITLE VD  
NAME LACEY, RANDALL W ☐ Delete  
STREET ADDRESS 341 N MAITLAND AVENUE, SUITE 340  
CITY-ST-ZIP MAITLAND FL 32751

TITLE VD  
NAME Lacey, Randall W. ☒ Change ☐ Addition  
STREET ADDRESS 106 Nautilus Drive  
CITY-ST-ZIP Islamorada, Florida 33036

TITLE SD  
NAME PADUCH, GARY F ☐ Delete  
STREET ADDRESS 341 N MAITLAND AVENUE, SUITE 340  
CITY-ST-ZIP MAITLAND FL 32751

TITLE SD  
NAME Paduch, Gary F. ☒ Change ☐ Addition  
STREET ADDRESS 321 Oleander Way  
CITY-ST-ZIP Casselberry, Florida 32707

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)