

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010994

1. Entity Name

THE MAPLE GROUP, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90090 017 ***150.00

Principal Place of Business

Mailing Address

8045 N. PALAFOX STREET
 PENSACOLA FL 32534

8045 N. PALAFOX STREET
 PENSACOLA FL 32534-4435

2. Principal Place of Business

3460 N Alcaniz St

Suite, Apt. #, etc.

Suite A

3. Mailing Address

3460 N Alcaniz St

Suite, Apt. #, etc.

Suite A

City & State

Pensacola FL

City & State

Pensacola FL

4. FEI Number

59-3554109

Applied For

Not Applicable

Zip

32503

Country

Escambia

Zip

32503

Country

Escambia

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

LEANZA, PAUL
 8045 N. PALAFOX STREET
 PENSACOLA FL 32534

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	LEANZA, PAUL	
STREET ADDRESS	4035 GUINEVERE DRIVE	
CITY - ST - ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEANZA, ROBERT SR.	
STREET ADDRESS	4035 GUINEVERE DRIVE	
CITY - ST - ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY - ST - ZIP		
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CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

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

Paul Leanza, Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/00

Daytime Phone #

(850) 432-7600

CR2E034 (9/99)