FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91347 016 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018825

1. Entity Name

MAP ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1420 E. ALTAMONTE DR.	6955 HANGING MOSS RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 106
City & State: ALTAMONTE SPRINGS, FL	City & State: ORLANDO, FL
32701 / Country: USA	Zip: 32807 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 593566258 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HAMILLA, MIKE

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

6955 HANGING MOSS RD, SUITE 106

City: ORLANDO FL Zip Code: 32807

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE: PSD NAME: PARKER, ROBIN STREET ADDRESS: 1149 WALDORF CT. CITY-ST-ZIP: WINTER SPRINGS, FL 32708	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5-7-02 407-261-0384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #