## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **P99000021904** May 02, 2000 8:00 am 1. Entity Name Secretary of State MAPONE, INC. 05-02-2000 90073 001 \*\*\*150.00 Mailing Address Principal Place of Business -314 WINDSOR-DRIVE-914-WINDSOR DRIVE-PORT ORANGE FL 92119 PORT ORANGE FL 32119-4241 2. Principal Place of Business 3. Mailing Address 3742 South Nova Roap 251 Boulder Rock DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SULTE Applied For City & State 4. FEI Number City & State PALM COAST, FLORIDA 59-3565251 FLORIDA Not Applicable 1027 ORANGE Country \$8.75 Additional Zip 5. Certificate of Status Desired 32137-8500 AZV Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>אדומֿעֿ</u>ל DENNO DENNO, JUDITH C Street Address (P.O. Box Number is Not Acceptable) -314-WINDSOR DRIVE --PORT ORANGE-FL 32119-CityPALM Zip Code 32/37-8500 COAST 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. lnno FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition ☐ Change PRESIDENT ☐ Delete TITI F JUDITH C. DENNO 251 BOULDER ROCK DRIVE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST, FLORIDA ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME FREDERICK A. DENNO 251 Boulder Rock STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32137 PAIM COAST. ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Addition TITLE ☐ Change Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

ennotion

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNO