

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000086229

1. Entity Name  
MAPLE TREE ENTERPRISES, INC.

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
05-04-2001 90096 031 \*\*\*150.00

Principal Place of Business  
16205 YAUPON  
TAMPA FL 33618

Mailing Address  
16205 YAUPON  
TAMPA FL 33618

2. Principal Place of Business  
110 Gormto Lake Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
PO Box 17049  
Suite, Apt. #, etc.

City & State  
Brandon FL

City & State  
Tampa, FL

4. FEI Number 59-3604999

Applied For  
Not Applicable

Zip 33510 Country USA

Zip 33682-7049 Country 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

KEITH, DAVID E  
16205 YAUPON  
TAMPA FL 33618

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 *David E. Keith*  
Signature, typed or printed name of registered agent and title if applicable.

4/24/01  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD KEITH, DAVID E 16205 YAUPON TAMPA FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD KEITH, JUDITH E 16205 YAUPON TAMPA FL 33618	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: *Judith Keith* Judith Keith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 7/24/01  
Date Daytime Phone #

CR2E034 (10/00)