

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 532977(8)

1. Entity Name

REDMAPLE, INC

Principal Place of Business

Mailing Address

2728 WOODCOTE TERR 2728 WOODCOTE TERR
PALM HARBOR, FL 34685 PALM HARBOR, FL 34685

2. Principal Place of Business

3. Mailing Address

2728 WOODCOTE TERR 2728 WOODCOTE TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

PALM HARBOR, FL

Zip

Country

Zip

Country

34685

Pinellas

34685

Pinellas

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

59-3049952

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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)

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FILE NOW!!! FEE IS \$550.00

After September 12, 2001 Fee will be \$750.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME RAFAEL C. LOPEZ
STREET ADDRESS 2728 WOODCOTE TERR
CITY-ST-ZIP PALM HARBOR, FL 34685

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE Sec/Treas
NAME BARBARA E. LOPEZ
STREET ADDRESS 2728 WOODCOTE TERR
CITY-ST-ZIP PALM HARBOR, FL 34685

☐ Delete

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☐ Change ☐ 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

RAFAEL C. LOPEZ Pres 8/27/01 727-789-2999

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90012 036 ***550.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)