## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED **DOCUMENT # V13495** Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** DEMAPS, INC. 01-12-2000 90047 005 \*\*\*158.75 Principal Place of Business Mailing Address P O BOX 547096 401 W COLONIAL DR ORLANDO FL 32804 ORLANDO FL 32854-7096 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3106052 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7: Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DIMA, ELENA Street Address (P.O. Box Number is Not Acceptable) 3423 WILDER LANE ORLANDO FL 32804 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. DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition Change ☐ Delete TITLE DIMA, ELENA NAME NAME 3423 WILDER LANE STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIF Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

407-246-0844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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