

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

DOCUMENT # P94000093556

Entity Name
RIPLE D OF LAKELAND, INC.

02-20-2002 90071 041 ***150.00

Principal Place of Business 201 DOVECREST TRL. LAKELAND FL 33809	Mailing Address 6201 DOVECREST TRL. LAKELAND FL 33809
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DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-3286318	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PAINE, JEFFREY A
1800 S AUSTRALIAN AVE, 205
W PALM BEACH FL 33809

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2002 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	
TITLE: D <input type="checkbox"/> Delete NAME: EISINGER, DAVID STREET ADDRESS: 6201 DOVECREST TRL. CITY-ST-ZIP: LAKELAND FL 33809	
TITLE: D <input type="checkbox"/> Delete NAME: EISINGER, DEBORAH L STREET ADDRESS: 6201 DOVECREST TRL. CITY-ST-ZIP: LAKELAND FL 33809	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: _____	
STREET ADDRESS: _____	
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)(l), 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-5-02** Daytime Phone #: **863-859-2535**

CR2E034 (9/01)