

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90011 048 \*\*\*150.00

0522486

**DOCUMENT # 573687**

1. Entity Name

**STRIPE-RITE ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

907 E SKAGWAY  
 TAMPA FL 33604  
 US

P. O. BOX 82100  
 TAMPA FL 33682-2100  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1824336**

Applied For  
 Not Applicable

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

**ROLAND, PINAN, JR.**  
 1660 GULF BLVD.  
 SUITE 307  
 CLEARWATER FL 34630

Name  
**ROLAND PINAN, JR.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**441 HARBOR DRIVE NORTH**  
 City  
**INDIAN ROCKS BEACH FL** Zip Code  
**33785**

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

*Roland Pinan Jr.*

4.11.01

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)

**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 **P**  Delete  
 NAME **PIVAN, ROLAND JR**  
 STREET ADDRESS **441 HARBOR DR N**  
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE  Change  Addition  
 NAME **PIVAN, ROLAND JR.**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **PALMATEER, CHRIS J**  
 STREET ADDRESS **7505 RIVER COURSE**  
 CITY-ST-ZIP **TEMPLE TERRACE FL 33637**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **PINAN, CAMILLA S**  
 STREET ADDRESS **441 HARBOR DR N**  
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE:

*Roland Pinan Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROLAND PINAN, JR.** 4.11.01

Date

813-933-9096  
 Daytime Phone #

CR2E034 (10/00)