FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

with an address, with all other like empowered

Mar 19, 2001 8:00 am **DOCUMENT # H61113 Secretary of State** 1. Entity Name RAYMOND RIPLEY, JR., ACCOUNTANTS, INC. 03-19-2001 90462 016 ***150.00 Principal Place of Business Mailing Address 235 NORTHEAST 6TH AVENUE 235 NORTHEAST 6TH AVENUE DELRAY BEACH FL 33483-5543 DELRAY BEACH FL 33483-5543 2. Principal Place of Business 3. Mailing Address 323 N.E. 323 N.E. Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2543252 REAUH FLRAY FICA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired _____ Fee-Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIPLEY, RAYMOND JR. Street Address (P.O. Box Number is Not Acceptable) 235 NORTHEAST 6TH AVENUE **DELRAY BEACH FL 33444** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD Delete TITLE Change 1 ☐ Addition TITLE RIPLEY, RAYMOND JR. NAME NAME 303 N.E. 6Th Ave. 235 NE 6TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE RAE LEE RIPLEY NAME NAME STREET ADDRESS 3603 QUAIL RIDGE DR. STREET ADDRESS CITY-ST-ZIP **BOYNTON BCH FL** CITY-ST-ZIP ☐ Addition TITLE TITLE ☐ Delete NAME SURACE, DAVID NAME STREET ADDRESS 3501 WATERVIEW CIRCLE STREET ADDRESS CITY-ST-ZIE PALM SPRINGS FL CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-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