

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K40584

FILED  
Apr 17, 2002 8:00 AM  
Secretary of State

Entity Name: SIPPEL ASSOCIATES, INC.

## Current Principal Place of Business:

C/O ROBERT J. SIPPEL  
42 SE HARBOR PT DR  
STUART, FL 34996

## New Principal Place of Business:

## Current Mailing Address:

C/O ROBERT J. SIPPEL  
42 SE HARBOR PT DR  
STUART, FL 34996

## New Mailing Address:

FEI Number: 65-0077541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIPPEL, ROBERT J.  
42 SE HARBOR PT DR  
STUART, FL 34996

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete  
Name: SIPPEL, ROBERT J.,  
Address: 42 SE HARBOR PT DR  
City-St-Zip: STUART, FL

Title: DPT ( ) Delete  
Name: SIPPEL, PHYLLIS M.,  
Address: 42 SE HARBOR PT DR  
City-St-Zip: STUART, FL

Title: DV ( ) Delete  
Name: CLANCY, MATTHEW J.  
Address: 2618 JOSHUA CIRCLE  
City-St-Zip: BEAUFORT, SC 29902

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J SIPPEL

DVS

04/17/2002

Electronic Signature of Signing Officer or Director

Date