9/14/01-90031-003-\$150.00-\$150.00

9/24/01

941-248-0744 Daytime Phone #

	MENT	# P 0000	00099330							
Entity Name RIPCO, INC.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				FILE	ED		
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•	ce of Business SS HOLLOW W 34109		Mailing Address 6121 CYPRESS HOLLOW NAPLES FL 34109	V WAY		- ·		OUSTAN FLORI		
2. Principal F	Place of Busine	ess	3. Mailing Address		— T					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number Applied For				
Žip		Country	Zip	Country		sertificate of Status Desired		\$8.75 Ad		
	6. Name	and Address of Current	Registered Agent ~ ~ ~ -		7 N	ame and Address of New	Registered			
JOHNSON, ADAM W III				Name						
	PRESS HOLL			Street Ad	ldress (P.O. Bo	ox Number is Not Acceptab	le)			
NAPLES			•		<u>-</u>					
•	,				City FL Zip Code				le	
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. The above	named entity	submits this statement to	r the purpose of changing its		registered age	ent, or both, in the State of F		<u>- </u>		
	named entity	submits this statement to	r the purpose of changing its		registered age	ent, or both, in the State of F	lorida.	<u>-</u>		
3. The above		submits this statement to					lorida.	0/01		
SIGNATURE .	Signature, typed or	r printed name of registered agent in	and title if epiplicable (NOT	s registered office or a registered Agent signature. Registered Agent signature.	e required when rail	ertaling)	lorida. Q 1 1 DATE	0/01	May Re	
GIGNATURE	Signature, typed or	r printed name of registered agent	FILE NOW	s registered office or a registered Agent signature. Registered Agent signature.	• required when rail 0 • \$750.00		lorida. Q 1 1 DATE	<u>0/01</u> \$5.0	00 May Be	
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SIGNATURE: X SIGNATURE REQUIRED

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