

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90070 019 ***150.00

0368164 AV

DOCUMENT # P96000049493

1. Entity Name
G. FRIPP DESIGN, INC.



Principal Place of Business
**3600 S.W. 200TH AVE.
FT. LAUDERDALE FL 33332**

Mailing Address
**3600 S.W. 200TH AVE.
FT. LAUDERDALE FL 33332**



2. Principal Place of Business
8296 SYCAMORE DR.

Suite, Apt. #, etc.
NEW PORT RICHEY FLA.
City & State

3. Mailing Address
8296 SYCAMORE DR.

Suite, Apt. #, etc.
NEW PORT RICHEY FLA.
City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0689141**

Applied For
Not Applicable

Zip
34654

Country
USA

Zip
34654

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRIPP, GARTH
3600 S.W. 200TH AVE.
FT. LAUDERDALE FL 33332**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FRIPP, GARTH R**
STREET ADDRESS **3600 SW 200 AVE**
CITY-ST-ZIP **WESTON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GARTH R FRIPP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-03 **727 846 1942**
Date Daytime Phone #

CR2E034 (10/02)

ATTachment

90079981

P96000049493

FRIP600* 333322108 1802 09 01/08/03
NOTIFY SENDER OF NEW ADDRESS
FRIPP GARTH R
8296 SYCAMORE DR
NEW PORT RICHEY FL 34654-5631

