

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000010672**1. Entity Name  
RIPPLINGER TRANSPORT, INC.

## Principal Place of Business

2382 NE 203RD ST

LAWTEY  
32058

FL

## Mailing Address

P.O. BOX 86

STARKE  
32091

FL

## 2. Principal Place of Business

214 LM GAINES BLVD

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

## City &amp; State

STARKE

FL

## City &amp; State

Zip  
32091

Country

Zip  
32091

Country

## 4. FEI Number

59-3493585

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

RIPPLINGER ED  
2386 N.E. 203RD ST.STARKE  
32091

US

FL

## 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.

SIGNATURE **ED RIPPLINGER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09/10/2001

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

TITLE	T	<input type="checkbox"/> Delete
NAME	RIPPLINGER JOHN G	
STREET ADDRESS	2386 NE 203RD ST	
CITY-ST-ZIP	LAWTEY FL 32058	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIPPLINGER MICHEAL W	
STREET ADDRESS	PO BOX 831	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RIPPLINGER JULIA W	
STREET ADDRESS	2382 NE 203RD ST	
CITY-ST-ZIP	LAWTEY FL 32058	
TITLE	P	<input type="checkbox"/> Delete
NAME	RIPPLINGER ED	
STREET ADDRESS	2386 NE 203 RD ST	
CITY-ST-ZIP	LAWTEY FL 32058	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Ed Ripplinger**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P

09/10/2001

Date

Daytime Phone #

CR2E034 (11/00)