

FILED
May 08, 2003 8:00 am
Secretary of State

04-24-2003 90210 029 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010672

1. Entity Name

RIPPLINGER TRANSPORT, INC.



Principal Place of Business

214 LM GAINES BLVD
STARKE FL 32091

Mailing Address

P.O. BOX 86
STARKE FL 32091

55038923



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3493585

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

P
RIPPLINGER, ED
2386 NE 203 RD ST
LAWTEY FL 32058

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

VP
RIPPLINGER, JULIA W
2382 NE 203RD ST
LAWTEY FL 32058

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

S
RIPPLINGER, MICHAEL W
PO BOX 831
LAKE BUTLER FL 32054

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

T
RIPPLINGER, JOHN G
2386 NE 203RD ST
LAWTEY FL 32058

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY- ST- ZIP

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

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TITLE NAME STREET ADDRESS 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)