

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022639

1. Entity Name

RIPA & ASSOCIATES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90017 020 ***150.00

Principal Place of Business

Mailing Address

3018 U.S. HIGHWAY 301 NORTH STE. 110
TAMPA FL 33619
US

3018 U.S. HIGHWAY 301 NORTH STE. 110
TAMPA FL 33619-2266
US

2. Principal Place of Business

10149 Fisher Avenue

Suite, Apt. #, etc.

3. Mailing Address

10149 Fisher Avenue

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

59-3497167

Applied For

Not Applicable

Zip

33619

Country

US

Zip

33619

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIPA, FRANK P
3018 U.S. HIGHWAY 301 NORTH
TAMPA FL 33619

Name

Frank P. Ripa

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

10149 Fisher Avenue

City

Tampa

FL

Zip Code
33619

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

Frank P. Ripa

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

(NOTE: Registered Agent signature required when reinstating)

5/1/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RIPA, FRANK P	
STREET ADDRESS	3018 U.S. HIGHWAY 301 NORTH STE. 110	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ripa, Frank P	
STREET ADDRESS	10149 Fisher Avenue	
CITY-ST-ZIP	Tampa, Florida 33619	
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:

Frank P. Ripa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank P. Ripa

5/1/00

Date

813 662-6777

Daytime Phone #

CR2E034 (9/99)