

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90023 040 ***150.00

0027008 AV

DOCUMENT # P98000105606

1. Entity Name
D.M.E. RUPPEL, INC.

Principal Place of Business
**3101 OLD PORT CIRCLE E.
 JACKSONVILLE FL 32216**

Mailing Address
**3101 OLD PORT CIRCLE E.
 JACKSONVILLE FL 32216**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3549794**

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**RUPPEL, DONNA M
 3101 OLD PORT CIRCLE E.
 JACKSONVILLE FL 32216**

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

Donna M. Ruppel

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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
 NAME **D** ☐ Delete
RUPPEL, DONNA M
 STREET ADDRESS **3101 OLD PORT CIRCLE E.**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE
 NAME **RUPPEL, DONNA M.** ☒ Change ☐ Addition
 STREET ADDRESS **9118 SPINDLETREE WAY**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE
 NAME **V** ☐ Delete
RUPPEL, TRACEY D
 STREET ADDRESS **7572 PINESPRINGS E DR**
 CITY-ST-ZIP **INDIANAPOLIS IN 46256**

TITLE
 NAME **RUPPEL, TRACEY D.** ☐ Change ☐ Addition
 STREET ADDRESS **6611 SAN BONITA**
 CITY-ST-ZIP **CLAYTON MO 63105**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

Donna M. Ruppel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02

Date

904-363-8879

Daytime Phone #

CR2E034 (9/01)