



02-17-2003 90248 022 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

80032382

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. 9118 SPINDLETREE WAY		Suite, Apt. #, etc. 9118 SPINDLETREE WAY	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32256		Country USA	
4. FEI Number 59-3549794		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUPPEL, DONNA M 3101 OLD PORT CIRCLE E. JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name DONNA M. RUPPEL Street Address (P.O. Box Number is Not Acceptable) 9118 SPINDLETREE WAY City JACKSONVILLE FL Zip Code 32256	
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 <i>Donna M. Ruppel</i> DATE <i>Feb. 7/03</i>			
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUPPEL, DONNA M 9118 SPINDLETREE WAY JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUPPEL, TRACEY D 6811 SAN BONITA CLAYTON, MO 63106 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT, D. TRACEY D. RUPPEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5869 GUILFORD AVENUE INDIANAPOLIS IN 46220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. DARCY A. PAUKEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2404 GALBRETH ROAD PASADENA CA 91104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Donna M. Ruppel</i>		DATE: <i>Feb 6/03</i> 904-363-8879	

CR20034 (10/02)