

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90153 012 ***550.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000018297			
1. Entity Name RIPIT SPORTS, INC.			
Principal Place of Business 3711 EAGLE RIDGE DRIVE JACKSONVILLE FL 32224		Mailing Address 3711 EAGLE RIDGE DRIVE JACKSONVILLE FL 32224	
2. Principal Place of Business		3. Mailing Address 4765-19	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 290	
City & State		City & State JACKSONVILLE, FL	
Zip	Country	Zip	Country
32224		32224	US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PINKIEN, GARY W 3711 EAGLE RIDGE DRIVE JACKSONVILLE FL 32224		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	NAME		
	<input type="checkbox"/> Delete		
NAME	D PINKIEN, GARY W		
STREET ADDRESS	3711 EAGLE RIDGE DRIVE		
CITY-ST-ZIP	JACKSONVILLE FL 32224		
TITLE	NAME		
	<input type="checkbox"/> Delete		
NAME	D SARACENO, DANIEL		
STREET ADDRESS	1105 S.W. 13TH DRIVE		
CITY-ST-ZIP	BOCA RATON FL 33486		
TITLE	NAME		
	<input type="checkbox"/> Delete		
NAME	General Manager Suzanne Kemmerer-Pinkien		
STREET ADDRESS	3711 Eagle Ridge Dr.		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		
TITLE	NAME		
	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME		
	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME		
	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME		
	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME		
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME		
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME		
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME		
	<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: Suzanne Kemmerer-Pinkien		704-223-5882	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Sept 11, 01 Daytime Phone #	

CR2E034 (5/01)