

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033593

1. Entity Name

MODERN RIPPAGE, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90088 042 ***150.00

Principal Place of Business

Mailing Address

~~C/O BRETT HOBDEN~~
~~4000 AMBERWOOD COURT~~
~~MIDLAND MI 48640~~

~~C/O BRETT HOBDEN~~
~~4000 AMBERWOOD COURT~~
~~MIDLAND MI 48640-7429~~

725759



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

C/O BRETT HOBDEN
Suite, Apt. #, etc.
640 LALIQUE CIR. #401

C/O BRETT HOBDEN
Suite, Apt. #, etc.
640 LALIQUE CIR. #401

City & State
NAPLES FL
Zip
34119
Country
USA

City & State
NAPLES FL
Zip
34119
Country
USA

4. FEI Number
58-2475775
Applied For
Not Applicable

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

~~CLASP INC~~
~~C/O CUMMINGS & LOCKWOOD~~
~~3001 TAMiami TRAIL NORTH 4TH FLOOR~~
~~NAPLES FL 34103~~

Name
BRIANT & GIRARDIN, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3033 RIVIERA DR. SUITE 103
City
NAPLES FL Zip Code
34103

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 BRIANT & GIRARDIN, P.A. *Briant & Girardin* APRIL 25/2000
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D HOBDEN, BRETT 4000 AMBERWOOD COURT MIDLAND MI 48640	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBDEN, BRETT 640 LALIQUE CIR. #401 NAPLES, FL 34119	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 17/2000. 352-2852
Date Daytime Phone #

CR2E034 19/99