

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32189

1. Entity Name

AIR RANGERS, INC.

Principal Place of Business

2201 BOYD COWART ROAD
WAUCHULA FL 33873
US

Mailing Address

2201 BOYD COWART ROAD
WAUCHULA FL 33873
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0213184

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

BRAUCHLER, PHILIP J.
2201 BOYD COWART ROAD
WAUCHULA FL 33873

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
TITLE NAME
BRAUCHLER, FAY V.
STREET ADDRESS
2201 BOYD COWART RD
CITY-ST-ZIP
WAUCHULA FL

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

VD ☐ Delete
TITLE NAME
JEERINGS, DONALD I.
STREET ADDRESS
3546 FUTCH
CITY-ST-ZIP
PLANT CITY FL

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

SD ☐ Delete
TITLE NAME
BRAUCHLER, PHILIP J.
STREET ADDRESS
2201 BOYD COWART RD
CITY-ST-ZIP
WAUCHULA FL

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

☐ Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

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

12. 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-773-9232

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90005 028 ****61.25

643170



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)