

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90262 008 ***150.00

DOCUMENT # F00000000250

1. Entity Name
RANGER DIRECTIONAL, INC.

Principal Place of Business

205 GLASER DRIVE
 LAFAYETTE LA 70508

Mailing Address

205 GLASER DRIVE
 LAFAYETTE LA 70508

2. Principal Place of Business

200 IDA Road
 Suite, Apt. #, etc.

3. Mailing Address

200 IDA Road
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Broussard, LA

Zip
 70518

Country

Lafayette

City & State

Broussard, LA

Zip

70518

Country

Lafayette

4. FEI Number 76-0605506

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
 1333 N. DUVAL ST.
 TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRIS, V. VERNON 205 GLASER DRIVE LAFAYETTE LA 70508	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD EASTMAN, BRAD 1360 POST OAK BLVD., SUITE 2100 HOUSTON TX 77056	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD HADDOX, JAMES H 1360 POST OAK BLVD., SUITE 2100 HOUSTON TX 77056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD JENSEN, DERRICK A 1360 POST OAK BLVD., SUITE 2100 HOUSTON TX 77056	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD HADDOX, JAMES H 1360 POST OAK BLVD., SUITE 2100 HOUSTON, TX 77056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD JENSEN, DERRICK A 1360 POST OAK BLVD., SUITE 2100 HOUSTON, TX 77056	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD GIROUARD, LYLE E. 205 GLASER DRIVE LAFAYETTE, LA 70508	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:

LYLE E. GIROUARD

LYLE E. GIROUARD

3/23/01

Date

337-837-5447

Daytime Phone #

CR2E034 (10/00)