

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90228 036 ***150.00

DOCUMENT # F00000000250

1. Entity Name
RANGER DIRECTIONAL, INC.

Principal Place of Business

200 IDA ROAD
BROUSSARD LA 70518

Mailing Address

200 IDA ROAD
BROUSSARD LA 70518

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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, 2002 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	P	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, V. VERNON	
STREET ADDRESS	205 GLASER DRIVE	
CITY-ST-ZIP	LAFAYETTE LA 70508	
TITLE	VASD	<input type="checkbox"/> Delete
NAME	HADDOX, JAMES H	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 2100	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	JENSEN, DERRICK A	
STREET ADDRESS	1360 POST OAK BLVD., SUITE 2100	
CITY-ST-ZIP	HOUSTON TX 77056	
TITLE	VASD	<input checked="" type="checkbox"/> Delete
NAME	GIROUARD, LYLE E	
STREET ADDRESS	205 GLASER DRIVE	
CITY-ST-ZIP	LAFAYETTE LA 70508	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lyle E Girouard	
STREET ADDRESS	200 IDA ROAD	
CITY-ST-ZIP	Broussard LA 70518	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas Marcantel	
STREET ADDRESS	200 IDA ROAD	
CITY-ST-ZIP	Broussard LA 70518	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/02

Date

337 837 5447

Daytime Phone #

CR2E034 (9/01)