**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 30, 2001 8:00 am Secretary of State DOCUMENT # F9800001900 1. Entity Name RANGER AEROSPACE CORPORATION 03-30-2001 90320 020 \*\*\*158.75 Principal Place of Business Mailing Address GSP INTERNATIONAL AIRPORT **GSP INTERNATIONAL AIRPORT** AUUUUVA BOX 12233 BOX 12233 GREENVILLE SC 29612 GREENVILLE SC 29612 2. Principal Place of Business 3. Mailing Address 7600 EL HAM Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 58-2380323 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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) DATÉ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critería on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 ☐ Change ☐ Addition ☐ Delete TITLE TITLE COB NAME NAME SCHWARTZ, GEORGE STREET ADDRESS STREET ADDRESS 644 SANTA HELENA CITY-ST-ZIP CITY-ST-ZIP **SOLANA BEACH CA 92075** Delete ☐ Addition TITLE TITLE CEOP NAME TOWNES, STEPHEN NAME STREET ADDRESS STREET ADDRESS 318 SCARBOROUGH DRIVE CITY-ST-ZIP CITY-ST-ZIP GREER SC 29650 - ---TITLE □ Change [] Addition evs TITLE ☐ Delete NAME NAME WATTS, GEORGE STREET ADDRESS STREET ADDRESS 6151 SUGAR HILL CITY-ST-ZIP CITY-ST-ZIP **HOUSTON TX 77057** TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Mar. 22, 2051

864-286-100i

Daytime Phone #