2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21244

1. Entity Name

CHAIRBORNE RANGERS, INC.

FILED \$\frac{\pi}{2001}\$ May 01, 2001 8:00 am \$\frac{\pi}{2}\$ Secretary of State \$\frac{05-01-2001}{20025}\$ 042 ****61.25

Principal Place of Business			Mailing Address									
C/O J.E. KELLER JR. 2440 W BAY DR LARGO FL 33770-1933 US			C/O J.E. KELLER JR. 2440 W BAY DR LARGO FL 33770-933 US				1 64 10	1 440 1400 YING 1400				
2. Principal Pl	lace of Busin	ess	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State			City & State				4. FEI Number 59-2365475					plied For t Applicable
Zip Country			Zip	untry	5. Certificate of Status Des			, 🗆		3.75 Add	itional -	
	6. Name	and Address of Current R	legistered Agent		7. Name and Address of New Registered Agent							
					Name							
KELLER, JOHN E., JR.					Street Address (P.O. Box Number is Not Acceptable)							
2440 W E Largo F										_ : r	Zip Code	
					City				F		ZIP Code	,
8. The above	named entity	submits this statement for	the purpose of changing its	register	ed office or r	registere	ed agent, or both	n, in the state of	Florida.			
SIGNATURE												
	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signatur	e required	when reinstating)		DA	<u>.</u>		
FILE NOW: FEE IS \$61.25							Make Check Payable to Department of State					!
10.		OFFICERS AND DIRE	L ECTORS	11.		A	.DDITIONS/CHA	NGES TO OFFI	CERS AND	DIREC	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	308 PAR	STONE, ROBERT KSIDE DR HARBOR FL	☐ Delete) Change	☐ Addition
TITLÉ		VD Delete		TITL	E] Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	GRIFFITH	RANGE GROVE — ***			EET ADDRESS -ST-ZIP			<u>.</u>	د ښد سخدد			<u>-</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLER, 2440 W I LARGO F	BAY DR	☐ Delete] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete] Change	Addition

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

April 24, 2001

Date

(727) 586-1497

Daytime Phone #