## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 23, 2000 8:00 am **DOCUMENT # N32189** 1. Entity Name Secretary of State AIR RANGERS, INC. 03-23-2000 90024 026 \*\*\*\*61.25 Mailing Address Principal Place of Business 2201 BOYD COWART ROAD 2201 BOYD COWART ROAD WAUCHULA FL 33873-1329 WAUCHULA FL 33873 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0213184 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BRAUCHLER, PHILIP J. 2201 BOYD COWART ROAD WAUCHULA FL 33873 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. 3-<u>21-00</u> (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition Delete TITLE TITLE BRAUCHLER, FAY V. NAME NAME STREET ADDRESS 2201 BOYD COWART RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WAUCHULA FL ☐ Change Addition VD Delete TITLE TITLE JEERINGS, DONALD I. NAME NAME STREET ADDRESS STREET ADDRESS 3546 FUTCH CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL ☐ Change ☐ Addition TITLE ☐ Delete BRAUCHLER, PHILIP J. NAME NAME STREET ADDRESS STREET ADDRESS 2201 BOYD COWART RD CITY-ST-ZIP CITY-ST-ZIP WAUCHULA FL ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.