

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000237

1. Entity Name

The Hurricane Rangers, Inc. ✓

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90091 033 ****61.25

Principal Place of Business

Mailing Address

9790 66th Street North 1883 Sunset Woods CT
Lot 164 Clearwater, FL 33763
Pinellas Park FL 33782

2. Principal Place of Business

3. Mailing Address

9790 66th Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3557584

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Elsie Sanchez~~
343 Almeria Avenue
Coral Gables, FL 33134

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. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President and Director P/D <input type="checkbox"/> Delete
NAME	James P. Lozier
STREET ADDRESS	9790 66th St. North Lot 164
CITY-ST-ZIP	Pinellas Park FL 33782
TITLE	Vice President and Director <input type="checkbox"/> Delete V/D
NAME	Bernard A. Lozier
STREET ADDRESS	9790 66th St. North Lot 164
CITY-ST-ZIP	Pinellas Park FL 33782
TITLE	Secretary-Treasurer and S/T/D <input type="checkbox"/> Delete
NAME	David F. Neil
STREET ADDRESS	1883 Sunset Woods CT
CITY-ST-ZIP	Clearwater, FL 33763
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: David F. Neil David F. Neil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 727-442-4801

Date

Daytime Phone #

CR2E037 (9/99)