

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-05-2003 90063 041 ***150.00

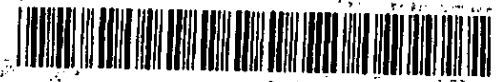
DOCUMENT # P02000073288

1. Entity Name
RANGER LAWN SERVICE INC.



Principal Place of Business
**5008 86TH ST. CT. WEST
BRADENTON FL 34210**

Mailing Address
**5008 86TH ST. CT. WEST
BRADENTON FL 34210**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

82-0553075

Applied For

Not Applicable

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

**LEGAL ZOOM NEVADA, INC.
395 ALHAMBRA CIRCLE, STE. 301
CORAL GABLES FL 33134**

Name **DONALD H. HECKMAN**

Street Address (P.O. Box Number is Not Acceptable)

5215 14th ST. W.

C/O D&K Acctg/Tax Svc. Inc

City **BRADENTON**

FL

Zip Code

34207

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **D.H. Heckman** **D.H. Heckman**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.T.D.**
NAME **James Foster JR**
STREET ADDRESS **5008 86TH ST. CT. W.**
CITY-ST-ZIP **BRADENTON, FL 34210**

☐ Delete

TITLE **V.P.S.D.**
NAME **CATRINA FOSTER**
STREET ADDRESS **5008 86TH ST. CT. W.**
CITY-ST-ZIP **BRADENTON, FL 34210**

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

☐ 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 607, 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/03

(941) 794-3514

CR2E034 (10/02)