2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 09, 2003 8:00 am Secretary of State

DOCUMENT # P02000098502 1. Entity Name RANGER & SMITH CO.						. 04-28-2003 90231 011 ***150.00				
Principal Place 8770 SUNSET MIAMI FL 331	= ::	Mailing Address 8770 SUNSET DRIVE, #28 MIAMI FL 33173	70 SUNSET DRIVE. #286		44003685					
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Sta	te	City & State			4. FEI Number 3757963 Applied For Not Applicable					7
Zip	Country	Zip Count		٠ ـــــــ د	5. Certificate of Status Desired				1	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
Name										
VOIGT, FERNANDA J				Street Address (P.O. Box Number is Not Acceptable)						
8770 SUNSET DRIVE, #286										
MIAMI FL 33173										
			Cit	у	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. I am familiar with, and accept the obligations of registered agent.										
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SIGNATURE	Signature, typed or printed harne of registered agent ar	nd title if applicable. (NOTE	E: Registered Agent	l signature required	when reinstating	DA1		<u> </u>	<u>_</u>	1
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FILE NOW!!! FEE 18 \$150.00 After May 1, 2003 Fee will be \$550.00					9. Election Campaign Financing \$5.00 May				ļ	
Make Check Payable to Florida Cepartment of State					- }	Trust Fund Contribution.		Added	to Fees	1
10. OFFICERS AND DIRECTORS					ADDITIO	NS/CHANGES TO OFFICERS A	ND DIRE	CTORS	6 IN 11]
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NAME	VOIGT, FERNANDA J		NAME							13
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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 employed 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 ampowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNALIZE FEQUIRED
SIGNALIZE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

Date Caytime Phone #