

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90140 013 \*\*\*150.00

**DOCUMENT # P02000115274**

**1. Entity Name**  
**BRUCE RANGER RACING STABLES, INC.**



**Principal Place of Business**  
**2205 CYPRESS BEND DRIVE**  
**POMPANO BEACH FL 33069**

**Mailing Address**  
**2205 CYPRESS BEND DRIVE**  
**POMPANO BEACH FL 33069**

20021187



**2. Principal Place of Business**

2205 CYPRESS BEND DR.

**3. Mailing Address**

2205 CYPRESS BEND DRIVE

Suite, Apt. #, etc.

# 705

City & State  
POMPANO BEACH, FL

Zip  
33069

Country  
USA

Suite, Apt. #, etc.

# 705

City & State  
POMPANO BEACH, FL

Zip  
33069

Country  
USA

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

30-0126540

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**RANGER, BRUCE**  
**2205 CYPRESS BEND DRIVE**  
**POMPANO BEACH FL 33069**

**7. Name and Address of New Registered Agent**

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

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**TITLE** P ☐ Delete  
**NAME** RANGER, BRUCE  
**STREET ADDRESS** 2205 CYPRESS BEND DRIVE  
**CITY-ST-ZIP** POMPANO BEACH FL 33069

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ 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 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:** *Bruce Ranger* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03

954-261-0230

Date

Daytime Phone #

CR2E034 (10/02)