

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

0337494 AV

**DOCUMENT # P02000123484**

1. Entity Name  
**FIRERANGER EXTINGUISHER SERVICE, INC.**



04-11-2003 90228 045 \*\*\*150.00

Principal Place of Business  
**112 ROYAL PARK DR., APT. 4B  
OAKLAND PARK FL 33309**

Mailing Address  
**112 ROYAL PARK DR., APT. 4B  
OAKLAND PARK FL 33309**

2. Principal Place of Business  
**3906 N.E 5TH AVE**

3. Mailing Address  
**3906 N.E 5TH AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**FT LAUDERDALE FL**

City & State  
**FT LAUDERDALE FL**

4. FEI Number  
**01-0754745**

Applied For  
Not Applicable

Zip Country  
**FL 33334 USA**

Zip Country  
**FL 33334 USA**

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**

**COOPER, MALCOLM  
112 ROYAL PARK DR., APT. 4B  
OAKLAND PARK FL 33309**

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**

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

TITLE **D** ☐ Delete  
NAME **COOPER, MALCOLM**  
STREET ADDRESS **112 ROYAL PARK DR., APT. 4B**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE **S** ☐ Change ☒ Addition  
NAME **NEIL COOPER**  
STREET ADDRESS **112 ROYAL PARK DR., APT 4B**  
CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-9-03**

Date

**954 566 5430**

Daytime Phone #

CR2E034 (10/02)