

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90066 015 ***150.00

003159 AV

DOCUMENT # P03736

1. Entity Name
LANDSTAR RANGER, INC.



Principal Place of Business
**13410 SUTTON PARK DRIVE S.
JACKSONVILLE FL 32224
US**

Mailing Address
**13410 SUTTON PARK DRIVE S.
JACKSONVILLE FL 32224
US**

2. Principal Place of Business

3. Mailing Address
13410 SUTTON PARK DRIVE S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
ATTN: CORPORATE TAX DEPT.

City & State

City & State
JACKSONVILLE, FLORIDA

Zip

Country

Zip
32224

Country
US

4. FEI Number
52-1308199

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HARTTER, GARY
13410 SUTTON PARK DRIVE SOUTH
JACKSONVILLE FL 32224** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
OWEN, DENNIS P
13410 SUTTON PARK DR S.
JACKSONVILLE FL 32224** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
LAROSE, ROBERT C
13410 SUTTON PARK DRIVE SOUTH
JACKSONVILLE FL 32224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/T/S
LAROSE, ROBERT C.
13410 SUTTON PARK DRIVE SOUTH
JACKSONVILLE, FL 32224** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
GERKINS, HENRY H.
13410 SUTTON PARK DRIVE SOUTH
JACKSONVILLE FL 32224** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GERKENS, HENRY H.
13410 SUTTON PARK DRIVE SOUTH
JACKSONVILLE, FL 32224** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
CROWE, JEFFERY C
13410 SUTTON PARK DRIVE SOUTH
JACKSONVILLE FL 32224** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FOLLADORI, JAY
13410 SUTTON PARK DRIVE SOUTH
JACKSONVILLE FL 32224** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ZIMMER, LAWRENCE E.
13410 SUTTON PARK DRIVE SOUTH
JACKSONVILLE, FL 32224** ☐ 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 REQUIRED
ROBERT C. LAROSE

2/2/03

(904)398-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)