

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90288 043 ***150.00

DOCUMENT # P13735

1. Entity Name
CHARLOTTE RANGERS, INC.



Principal Place of Business
**2300 EL JOBEAN ROAD
PORT CHARLOTTE FL 76011
US**

Mailing Address
**1000 BALLBARK WAY
ARLINGTON TX 76011**

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

74-2451802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

11019208



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	P	<input type="checkbox"/> Delete
NAME	CRAMER, MIKE	
STREET ADDRESS	1000 BALLPARK WAY	
CITY-ST-ZIP	ARLINGTON TX 76011	
TITLE	EV	<input type="checkbox"/> Delete
NAME	ARMES, JOE	
STREET ADDRESS	1000 BALLPARK WAY	
CITY-ST-ZIP	ARLINGTON TX 76011	
TITLE	VS	<input type="checkbox"/> Delete
NAME	COFFMAN, CASEY	
STREET ADDRESS	1000 BALLPARK WAY	
CITY-ST-ZIP	ARLINGTON TX 76011	
TITLE	VTAS	<input type="checkbox"/> Delete
NAME	HUTSON, ROBERT	
STREET ADDRESS	1000 BALLPARK WAY	
CITY-ST-ZIP	ARLINGTON TX 76011	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HICKS, THOMAS O	
STREET ADDRESS	1000 BALLPARK WAY	
CITY-ST-ZIP	ARLINGTON TX 76011	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03

Date

817273-5294

Daytime Phone #

CR2E034 (10/02)