

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90012 012 ***150.00

DOCUMENT # P92000014188

1. Entity Name

REFUSE RANGERS, INC.

Principal Place of Business

HWY 130 MUDLAKE RD
SOUTHERN STATES NURSERY RD.
MACCLENNY FL 32063

Mailing Address

P O BOX 669
GLEN ST MARY FL 32040
US

2. Principal Place of Business

5529 CR 23-C

3. Mailing Address

PO Box 669

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Glen St Mary

City & State

Glen St Mary

Zip

32040

Country

USA

Zip

32040

Country

USA

4. FEI Number

59-3156445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOWERY, ANGELA T
121 S. & RAILROAD AVE.
GLEN ST. MARY FL 32040

7. Name and Address of New Registered Agent

Name
ANGELA T Lowery

Street Address (P.O. Box Number is Not Acceptable)

5529 CR 23-C

City

Glen St Mary

FL

Zip Code

32040

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LOWERY, ANGELA T
P.O. BOX 1163 N/A
GLEN ST. MARY FL 32040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
HARVILL, DARRELL
365 MAGNOLIA ST
MACCLENNY FL 32063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CHRISTIE, RENEE
RT-2 BOX 2775
GLEN ST MARY FL 32040 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
MARK D Lowery
PO Box 1163
Glen St Mary FL 32040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Mark D Lowery**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-01

Date

904-259-5060

Daytime Phone #

CR2E034 (10/00)

0447890