

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000089508

1. Entity Name

RAILROAD NURSERY, INC.

Principal Place of Business

18600 S.W. 288TH STREET
SUITE 201
HOMESTEAD FL 33033

Mailing Address

15600 S.W. 288TH STREET
SUITE 201
HOMESTEAD FL 33033

2. Principal Place of Business

17855 SW 248 Street

Suite, Apt. #, etc.

3. Mailing Address

17855 SW 248 Street

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip

33031

Country

Miami-Dade

City & State

Homestead, FL

Zip

33030

Country

Miami-Dade

4. FEI Number

65-1139164

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUEST, JAMES M ESQ.
15600 S.W. 288TH STREET
SUITE 201
HOMESTEAD FL 33033

7. Name and Address of New Registered Agent

Name Rutzke, Barney W. Jr.
Street Address (P.O. Box Number is Not Acceptable)
17855 SW 248 Street

City

Homestead

FL

Zip Code

33031

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

Barney W. Rutzke, Jr.

Barney W. Rutzke, Jr.

6/6/02

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	PD	☐ Delete
NAME	RUTZKE, BARNEY W SR.	
STREET ADDRESS	17855 SW 248TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	VD	☐ Delete
NAME	RUTZKE, BARNEY W JR.	
STREET ADDRESS	17855 SW 248TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	STD	☐ Delete
NAME	RUTZKE, TINA M	
STREET ADDRESS	17855 SW 248TH STREET	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Tina M. Rutzke TINA M. Rutzke

4-25-02

305-245-4595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 12, 2002 8:00 am
Secretary of State

05-14-2002 90291 012 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)