2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 441631 Jan 20, 2000 8:00 am **Secretary of State** INSTA-RAIL SYSTEMS, INC. 01-20-2000 90104 021 ***150.00 Mailing Address Principal Place of Business 6412 MANATEE AVE. WEST 6412 MANATEE AVE. WEST BRADENTON FL 34209-2323 **BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1495577 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRZOSTOWSKI, DOUGLAS A JR Street Address (P.O. Box Number is Not Acceptable) .2408-19TH: AVE-W= **BRADENTON FL 34205** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Delete TITLE BRZOSTOWSKI, D A JR NAME NAME STREET ADORESS 2408 19 AVE. W. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BRADENTON FL Change Addition TITLE ☐ Delete TITLE NAME BRZOSTOWSKI, JACQUELINE NAME STREET ADDRESS 2408 19 AVENUE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** ☐ Addition Delete ☐ Change TITLE TITLE BRZOSTOWSKI, SUSAN NAME NAME STREET ADDRESS 2408 19 AVE W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change . Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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.

YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR