

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90143 043 \*\*\*150.00

**DOCUMENT # F71469**

1. Entity Name

**OLD PULLMAN MODEL RAILROADS, INC.**

Principal Place of Business

**8195 25 ST  
 VERO BCH. FL 32966-1336  
 US**

Mailing Address

**P. O. BOX 690128  
 VERO BEACH FL 32969-0128  
 US**

2. Principal Place of Business

3. Mailing Address

**8195-25 St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Vero Beach, FL**

4. FEI Number **59-2171251**

Applied For

Not Applicable

Zip

Country

Zip  
**32966-1336**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUG, BEAT W  
 8195 25TH STREET  
 VERO BCH. FL 32966-8336**

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.

SIGNATURE *Beat W. Hug* **BEAT W. HUG, Pres.**

3/24/01  
 DATE

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	HUG, BEAT	8195-25 ST	VERO BCH. FL	<input type="checkbox"/>
V	PEREZ ALONSO, RHINA E.	8195-25 ST.	VERO BCH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Beat W. Hug* **BEAT W. HUG, Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/01  
 Date

(561) 562-1480  
 Daytime Phone #

CR2E034 (10/00)