## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 21, 2002 8:00 am Secretary of State DOCUMENT # L28627 1. Entity Name 02-21-2002 90159 041 \*\*\*158.75 NEW HAMPSHIRE AND VERMONT RAILROAD, COMPANY Principal Place of Business Mailing Address P. O. BOX 100 /267 P O BOX 1263 TRENTON FL 32693 416 N MAIN TRENTON FL 32693 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 02-0436682 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRADLEY E FORBES CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 416 NORTH MAIN STREET City Zip Code 32693 TRENTON 8. The above named entity promits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida BRADLEY E FORBES VP SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE NAME FORBES, CLYDE S. NAME STREET ADDRESS STREET ADDRESS 416 N MAIN ST CITY-ST-ZIP CITY-ST-ZIP TRENTON FL ☐ Defete TITLE Change ☐ Addition SD NAME FORBES, BRADLEY E NAME STREET ADDRESS STREET ADDRESS 416 N MAIN ST CITY-ST-ZIP CITY-ST-ZIP TRENTON FL TITLE ☐ Delete . \_\_ - Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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-7IP Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 trying 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 trying each or the certification of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trying each or the certification of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of the same legal effect as if the same l

BRADLEY) E FORBES

352-463-1103

**FILED** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with

SIGNATURE:

eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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