

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90905 023 ****61.25

DOCUMENT # N00000004804

1. Entity Name

SPACE COAST MODEL TRAIN CLUB, INC.

Principal Place of Business

Mailing Address

**3170 N. ATLANTIC AVENUE, #313
 COCOA BEACH FL 32931**

**3170 N. ATLANTIC AVENUE, #313
 COCOA BEACH FL 32931**

2. Principal Place of Business

1214 Dixon Blvd

3. Mailing Address

6405 DALLAS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa, FL

City & State

Pt St. John, FL

4. FEI Number

59-3668884

Applied For

Not Applicable

Zip

32922

Country

Barbados

Zip

32927

Country

Barbados

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

**SMILEY, ROBERT J
 3170 N. ATLANTIC AVENUE, #313
 COCOA BEACH FL 32931**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 PETILLO, VIC
 834 CRTON ROAD
 ROCKLEDGE FL 32955** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 KLEIN, DAVID
 200 S. BANANA RIVER BLVD., #301
 COCOA BEACH FL 32931** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 SMILEY, ROBERT
 3170 N. ATLANTIC AVENUE, #313
 COCOA BEACH FL 32931** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**6405 DALLAS AVE
 Pt St. John, FL 32927** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 ROBINSON, BOB
 1765 NASSAU STREET
 TITUSVILLE FL 32780** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J Smiley 3/27/02 321-536-0831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0019309