

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90043 046 \*\*\*\*61.25

**DOCUMENT # N00000004804**

1. Entity Name

**SPACE COAST MODEL TRAIN CLUB, INC.**



Principal Place of Business

**1216 DIXON BOULEVARD  
COCOA FL 32922**

Mailing Address

**6405 DALLAS AVE  
ST. JOHN FL 32927**

20017455



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3668884**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**6405 Dallas Ave**

City

**Port St John**

**FL**

Zip Code  
**32927**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert J. Smiley*

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

(NOTE: Registered Agent signature required when reinstating)

**1/22/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **SD** ☒ Delete  
NAME **SMILEY, ROBERT**  
STREET ADDRESS **6405 DALLAS AVE**  
CITY-ST-ZIP **PT. ST. JOHN FL 32927**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition  
NAME **Smiley, Robert J.**  
STREET ADDRESS **6405 DALLAS AVE**  
CITY-ST-ZIP **Port St John, FL 32927**

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

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition  
NAME **Whitson, Roy**  
STREET ADDRESS **2876 ARMSTRONG ROAD**  
CITY-ST-ZIP **TITUSVILLE, FL 32780**

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

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* **ROBERT J. SMILEY** **1/22/03** **321-631-3482**

CR2E037 (10/02)