2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90003 033 ***150.00

DOCUMENT # P00000077294

1. Entity Name
THE TRAIN DEPOT, INC.

Principal Place of Business
PO BOX 4315
ENTERPRISE FL 32725-0315

Mailing Address
PO BOX 4315
ENTERPRISE FL 32725-0315

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1934 W. FAIRBANKS AVE	1934 W. FAIRBANKS AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER PARK, FL	City & State: WINTER PARK, FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

4. FEI Number: 59-3664798 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MERTZ, KENDALL A
215 STILLBROOK TRIAL
ENTERPRISES FL 32725-0315

7. Name and Address of New Registered Agent
Name: MILLER, JAMES L.
Street Address (P.O. Box Number is Not Acceptable): 4403 MARS CT.
City: ORLANDO, FL. FL Zip Code: 32839

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] JAMES L. MILLER, PRESIDENT 3/26/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

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	D MERTZ, KENDALL A PO BOX 4315 ENTERPRISE FL 32725-0315	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES L. MILLER 4403 MARS CT. ORLANDO, FL. 32839-1447	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBERT, MICHAEL D 105 ORANGE RIDGE DRIVE LONGWOOD FL 32779	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] JAMES L. MILLER 3/26/01 407-647-2244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)