

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088737

1. Entity Name  
RAILBEN CONSULTING, INC.FILED  
Apr 09, 2002 8:00 am  
Secretary of State

04-09-2002 90039 016 \*\*\*150.00

0002759 AV

Principal Place of Business

4814 WESTWIND CT.  
AMELIA ISLAND FL 32034

Mailing Address

4814 WESTWIND CT.  
AMELIA ISLAND FL 32034

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4811 MARTINIQUE CT.

4811 MARTINIQUE CT

City &amp; State

City &amp; State

AMELIA ISLAND, FL

AMELIA ISLAND, FL

Zip

Country

Zip

Country

32034

NASSAU

32034

NASSAU

4. FEI Number

54-1855951

Applied For

Not Applicable

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

Name

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

4811 MARTINIQUE CT

City

AMELIA ISLAND

FL

Zip Code

32034

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

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. 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 PD  
NAME SEAMANS, ANDRONIKE K  
STREET ADDRESS 4814 WESTWIND CT.  
CITY-ST-ZIP AMELIA ISLAND FL 32034 ☐ DeleteTITLE  
NAME  
STREET ADDRESS → 4811 MARTINIQUE CT ☒ Change ☐ Addition  
CITY-ST-ZIPTITLE SD  
NAME SEAMANS, TRUEMAN L  
STREET ADDRESS 4814 WESTWIND CT.  
CITY-ST-ZIP AMELIA ISLAND FL 32034 ☐ DeleteTITLE  
NAME  
STREET ADDRESS → 4811 MARTINIQUE CT ☒ Change ☐ Addition  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 JAN 02 (904) 491-8745

Date

Daytime Phone #

CR2E034 (9/01) VA