

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90300 015 ***150.00

DOCUMENT # P00000098302

1. Entity Name
RAIL LEASING, INC.



Principal Place of Business
P.O. BOX 28300
PANAMA CITY FL 32411

Mailing Address
P.O. BOX 28300
PANAMA CITY FL 32411

2. Principal Place of Business
2605 THOMAS DRIVE
Suite, Apt. #, etc.

3. Mailing Address
2605 THOMAS DRIVE
Suite, Apt. #, etc.

City & State
PANAMA CITY BEACH FL

City & State
PANAMA CITY BEACH FL

Zip
32408

Country
BAH

Zip
32408

Country
BAH

4. FEI Number **59-3675478**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DURDEN, K EARL
2605 THOMAS DR
PANAMA CITY FL 32408

7. Name and Address of New Registered Agent

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

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DC** ☐ Delete
NAME **DURDEN, K EARL**
STREET ADDRESS **2605 THOMAS DR**
CITY-ST-ZIP **PANAMA CITY FL 32408**

TITLE **DP** ☐ Delete
NAME **DURDEN, MICHAEL E**
STREET ADDRESS **2605 THOMAS DR**
CITY-ST-ZIP **PANAMA CITY FL 32408**

TITLE **S** ☐ Delete
NAME **PARKER, BARRY L**
STREET ADDRESS **2605 THOMAS DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32408**

TITLE **T** ☐ Delete
NAME **HELMS, D.SCOTT**
STREET ADDRESS **2605 THOMAS DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 607, 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 **850-230-8331**
Date Daytime Phone #

CR2E034 (10/02)