

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90120 048 ***150.00

DOCUMENT # P01000001969

1. Entity Name
WORLD RAIL SERVICES, INC.



Principal Place of Business
2049 SELVA MARINA DR
ATLANTIC BEACH FL 32233

Mailing Address
2049 SELVA MARINA DR
ATLANTIC BEACH FL 32233

2. Principal Place of Business

6530 Gainesville Rd

3. Mailing Address

PO Box 3092

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lebanon TN

City & State
Lebanon TN

4. FEI Number
59-3696368

Applied For
Not Applicable

Zip
37090

Country

Zip
37088

Country

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

SAFER, ELIOT J
2049 SELVA MARINA DR
ATLANTIC BEACH FL 32233

Name
Eliot J. Safer
Street Address (P.O. Box Number is Not Acceptable)
10110 San Jose Blvd.
City
Jacksonville **FL** **Zip Code**
32257

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

(NOTE: Registered Agent signature required when reinstating)

3/10/03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAYLE BRADLEY, LODEMA 2049 SELVA MARINA DR ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, JAMES JR 89 MARYDALE RD PASADENA MD 21122	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLEK, CYNTHIA 6237 LATCHLIFT CT ELKRIDGE MD 21075	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, JOHN 1137 EVERETT AVE LOUISVILLE KY 40204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Gayle Bradley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-03

Date

Daytime Phone #

CR2E034 (10/02)