

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000079074

1. Entity Name  
RAIL-SAIL CONSULTING, INC.

FILED  
May 06, 2002 8:00 am  
Secretary of State

05-06-2002 90121 007 \*\*\*150.00

Principal Place of Business  
4941 SPANISH OAKS CIRCLE  
AMELIA ISLAND FL 32034

Mailing Address  
4941 SPANISH OAKS CIRCLE  
AMELIA ISLAND FL 32034

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

01-586076

Not Applicable

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

## 6. Name and Address of Current Registered Agent

LECKIE, R LINDSAY  
4941 SPANISH OAKS CIRCLE  
AMELIA ISLAND FL 32034

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.

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 State**

10. Election Campaign Financing  
Trust Fund Contribution.       \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE: PD       Delete  
NAME: LECKIE, R LINDSAY  
STREET ADDRESS: 4941 SPANISH OAKS CIRCLE  
CITY-ST-ZIP: AMELIA ISLAND FL 32034

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: V, S, T       Change       Addition  
NAME: Linda N. Leckie  
STREET ADDRESS: 4941 Spanish Oaks Circle  
CITY-ST-ZIP: Amelia Island, FL 32034

TITLE:       Delete  
NAME:       Delete  
STREET ADDRESS:       Delete  
CITY-ST-ZIP:       Delete

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

TITLE:       Delete  
NAME:       Delete  
STREET ADDRESS:       Delete  
CITY-ST-ZIP:       Delete

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

TITLE:       Delete  
NAME:       Delete  
STREET ADDRESS:       Delete  
CITY-ST-ZIP:       Delete

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

TITLE:       Delete  
NAME:       Delete  
STREET ADDRESS:       Delete  
CITY-ST-ZIP:       Delete

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

TITLE:       Delete  
NAME:       Delete  
STREET ADDRESS:       Delete  
CITY-ST-ZIP:       Delete

TITLE:       Change       Addition  
NAME:       Change       Addition  
STREET ADDRESS:       Change       Addition  
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.

Linda N. Leckie  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 904-321-0856  
Date Daytime Phone #

CR2E034 (9/01)