

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90119 011 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000079074			
1. Entity Name RAIL-SAIL CONSULTING, INC.			
Principal Place of Business 4941 SPANISA OAKS CIRCLE AMELIA ISLAND, FL 32034		Mailing Address 4941 SPANISA OAKS CIRCLE AMELIA ISLAND, FL 32034	
2. Principal Place of Business 29 Secret Cove Ct.		3. Mailing Address 29 Secret Cove Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fernandina, Fla.		City & State Fernandina, Fla.	
Zip 32034		Zip 32034	
Country		Country	
4. FEI Number 01-0586076		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LECKIE, R LINDSAY 4941 SPANISA OAKS CIRCLE AMELIA ISLAND, FL 32034		7. Name and Address of New Registered Agent Name Leckie, R. Lindsay Street Address (P.O. Box Number is Not Acceptable) 29 Secret Cove Ct City Fernandina 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. I am familiar with, and accept the obligations of registered agent. Leckie, R. Lindsay R. Lindsay Leckie 4/15/2003 SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD LECKIE, R LINDSAY 4941 SPANISA OAKS CIRCLE AMELIA ISLAND, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP PD Leckie, R. Lindsay 29 Secret Cove Ct. Fernandina, FL 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VST LECKIE, LINDA N 4941 SPANISH OAKS CIRCLE AMELIA ISLAND, FL 32034		TITLE NAME STREET ADDRESS CITY-ST-ZIP VST Leckie, Linda N. 29 Secret Cove Ct. Fernandina, FL 32034	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Linda N. Leckie Linda N. Leckie SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/15/2003 904-321-0856 Date Daytime Phone #	

CR2E034 (10/02)