## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Mar 03, 2003 8:00 am Secretary of State P02000020303 DOCUMENT # 1. Entity Name 03-03-2003 90856 035 \*\*\*150.00 GLOBAL RAIL CONSORTIUM, INC. Principal Place of Business Mailing Address 2292-B HAMPSHIRE WAY 2292-B HAMPSHIRE WAY TALLAHASSEE FL 32309 TALLAHASSEE FL 32309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Zip Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BECK, KATHERINE G Street Address (P.O. Box Number is Not Acceptable) 2292-B HAMPSHIRE WAY TALLAHASSEE FL 32309 City 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 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE BECK, KATHERINE G NAME ☐ Change ☐ Addition NAME STREET ADDRESS 2292-B HAMPSHIRE WAY STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32309 CITY-ST-7/P TITLE Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an appreciate of the proposed of the corporation of the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

Delete

850-566-0999

☐ Change

Addition

**FILED**