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05-02-2003 90136 045 ***150.00

May 02, 2003 8:00 am Secretary of State

DOCUMENT # P02000047921

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

RAILWAY AUTO SALES, INC.

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Principal Plac	ce of Business		Mailin	ng Address				100304	JD 0			
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Suite, Apt. #, etc.			- Quit	Suite, Apt. #, etc.								
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City & State			City	Only & State			,	4. FEI Number 74-3054568				
7:- Country			7:0	Zip Cou				4-2024-66			ot Applicable	
Zip	Zip Country		Zip	2.6		iti y	5. Certificate of Status Desired			8.75 Add		
C. Nove and Saldress of Courses C				istered Agent			Fee Required					
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name					
						TYGOTES						
PAQUIN,	RAYMOND L		Street Address			ss (P.O. B	(P.O. Box Number is Not Acceptable)					
918 RIDGEWOOD AVENUE												
HOLLY HILL FL 32117												
HOLLIII	ILL I L UE I I I					<u> </u>						
						City			FL	Zip Cod	e	
8. The above	e named entity	submits this st	atement for the our	oose of changing its	register	ed office or regis	stered and	ent, or both, in the State of Florid	da Lam fa	miliar with	and accept	
	tions of registe		atomatici tio parp	occo or origing its	rogisto.	od onice or regi	otorea agr	ent, or both, in the State of Fight	Ja. Tairria		and accept	
SIGNATURE		 -										
	Signature, typed o	r printed name of rec	pistered agent and title if app	olicable. (NOT	E: Registere	d Agent signature req	uired when re	sinstating)	DATE			
	ILE-NOW!!!	-FEE-IS-\$15	60.00])	
After May 1, 2003 Fee will be \$550.00								 S. Election Campaign Finar Trust Fund Contribution. 	icing		May Be	
Make Check	k Payable to	Florida Depa	rtment of State)				Trust Fund Contribution.		Added	d to Fees	
10.		OFFIC	ERS AND DIRECTO	I BS	11.		AD	DITIONS/CHANGES TO OFFIC	FRS AND I	DIRECTOR	S IN 11	
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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: