

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

03-20-2003 90156 035 ***150.00

DOCUMENT # P02000049396

1. Entity Name
RAILHEAD MARKET & DELI, INC.



Principal Place of Business
247 NORTH COLLIER BOULEVARD
SUITE 202
MARCO ISLAND FL 34145

Mailing Address
247 NORTH COLLIER BOULEVARD
SUITE 202
MARCO ISLAND FL 34145



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
02-0608339

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, WILLIAM G
247 NORTH COLLIER BOULEVARD
SUITE 202
MARCO ISLAND FL 34145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kathryn S Ragland*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/15/03
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
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME RAGLAND, KATHRYN S
STREET ADDRESS 811 HUNTWOOD PLACE
CITY-ST-ZIP LAKE ST. LOUIS MO 63367 ☐ Delete

TITLE
NAME John & Kathy Ragland
STREET ADDRESS 313
CITY-ST-ZIP 8228 Twelve Oaks Circle Naples, FL 34113-3004 ☒ Change ☒ Addition VP, D

TITLE
NAME *Ragland, John M*
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME John & Kathy Ragland
STREET ADDRESS 313
CITY-ST-ZIP 8228 Twelve Oaks Circle Naples, FL 34113-3004 ☒ Change ☒ Addition D, T

TITLE
NAME *Waseem, Muneer*
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME *Waseem, Lynasid*
STREET ADDRESS
CITY-ST-ZIP WASEM, LYNASID L. ☐ Delete

TITLE
NAME WASEM LYNASID
STREET ADDRESS 8600 MYSTIC CARRIAGE HWY
CITY-ST-ZIP NAPLES FL 34113 P ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Kathryn S Ragland*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)