

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90321 025 ***150.00

DOCUMENT # P35788

1. Entity Name
RAIL MANAGEMENT CORPORATION

Principal Place of Business
2605 THOMAS DRIVE
P.O. BOX 28300
PANAMA CITY BEACH FL 32411

Mailing Address
2605 THOMAS DRIVE
P.O. BOX 28300
PANAMA CITY BEACH FL 32411
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0820793

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DURDEN, K. EARL
2605 THOMAS DRIVE
PANAMA CITY BEACH FL 32411

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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COB	<input type="checkbox"/> Delete
NAME	DURDEN, K. EARL	
STREET ADDRESS	2605 THOMAS DRIVE	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE	VCOB	<input type="checkbox"/> Delete
NAME	CONNOR, DONALD P.	
STREET ADDRESS	2605 THOMAS DRIVE	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HEIMS, D. SCOTT	
STREET ADDRESS	2605 THOMAS DRIVE	
CITY-ST-ZIP	PANAMA CITY BCH. FL	
TITLE	PCOB	<input type="checkbox"/> Delete
NAME	DURDEN, MICHAEL E	
STREET ADDRESS	2605 THOMAS DR	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROWLEY, LEO N.	
STREET ADDRESS	1700 NORTH WEBSTER COURT	
CITY-ST-ZIP	GREEN BAY WI	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUSKEY, D	
STREET ADDRESS	112 W ADAMS ST	
CITY-ST-ZIP	DOTHAN AL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02
 Date

856-230-9331
 Daytime Phone #

CR2E034 (9/01)