2001 UNIFORM BUSINESS REPORT (UBR)								FILED					
DOCUMENT # P96000065681  1. Entity Name CLEARWATER TRAIN STATION, INC.							Apr 26, 2001 08:00 AM Secretary of State						
Principal Place			Mailing Address								-		
CLEARWATER 33760	र	FL US	CLEARWATER 33758	us	FL								
2. Principal P. 14480 - 62ND S		ness	3. Mailing Address P. O. BOX 6025								-		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					DO NOT V	VRITE IN THI	S SPACE	–		
City & State CLEARWATER FL			City & State CLEARWATER	FL		4. FEI Number 59-3406098			—	applied For lot Applicable			
Zip 33760		Country	Zip 33758	Coun us	try		. Certificate of		_	\$8.75 A		_	
MCLEAD 14480 62 ST CLEARWA	K	e and Address of Current F		_		D K	Name and A AREN S Box Number i			d Agent			
33760	IER	FI	,		City CLEAR		·		F	Zip Co 33760	de	_	
9. This corpo	Signature, typed pration is eliq	EN S. MCLEAD or printed name of registered agent are gible to satisfy its Intangible and elects to do so.	FILE NOW!  After MAY 1, 20  Make Check Payab	II FEE	IS \$150. will be \$5	50.00	10. Elect	ion Campaign Fund Contribu	DATE Financing	\$5.	00 May Be		
11.		OFFICERS AND D	DIRECTORS	12.			ADDITIONS/C	HANGES TO C	OFFICERS AN	VD DIRECTO	RS IN 11	_ [	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EISCH 14480 621 CLEARW		☐ Delete  FL 33760			T EISCH 14480 621 CLEARW		P	FL	<b>™</b> Change 33760	Addition	334 (11/	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS 14480 621 CLEARW	NE ST N	Delete ,			VP THOMAS 14480 621 CLEARW	ND ST. N.	С	FL	Change 33760	Addition	CR2E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCLEAD 14480 N 6 CLEARW	2ND ST	□ Delete FL 33760			S MCLEAI 14480 621 CLEARW	ND ST. N.	N S	FL	X Change 33760	Addition Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO THOMAS 14480 - 6 CLEARW	2ND STREET NORTH	☐ Delete			CEO THOMAS 14480 - 6 CLEARW	2ND ST. N.	A	FL		Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-	ET ADORESS •ST-ZIP					☐ Change	Addition		
of the cor	poration or t	he receiver or trustee empor	this filing does not qualify for true and accurate and that m wered to execute this report ith all other like empowered.	างระกาลเ	i ire shaii n	ava ina cam	ia langi attact s	e it mada und	iar anths that	1 am an office	e or director		

04/26/2001 Date

Daytime Phone #

SIGNATURE: KAREN S. MCLEAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR