## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

## Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P97000072300 MODEL TRAIN STATION, INC. 04-24-2000 90201 035 \*\*\*150.00 Mailing Address Principal Place of Business 1388 COLONIAL BLVD. 1388 COLONIAL BLVD. FT. MYERS FL 33901-6810 FT. MYERS FL 33907 Principal Place of Business Street DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0795060 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FEIL, GERALD Street Address (P.O. Box Number is Not Acceptable) 1388 COLONIAL BLVD. FT. MYERS FL 33907 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00. 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00-May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition DPST ☐ Delete TITLE TITLE FEIL. GERALD NAME NAME 3526 S.E. 19TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 Change Addition TITLE □ Delete TITLE FEIL, ANDREA NAME NAME STREET ADDRESS 3526 S.E. 19TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information de and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empty

like empowered.

TED NAME OF SIGNING OFFICER OR DIRECTOR