

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005796

1. Entity Name

CHOO CHOO DX & GARDEN RAILWAY CO., INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90017 020 ***150.00

Principal Place of Business

4545 NW 103RD AVE
201
SUNRISE FL 33351

Mailing Address

4545 NW 103RD AVE
201
SUNRISE FL 33351

2. Principal Place of Business

11751 SW 1st Street

3. Mailing Address

9715 W Broward Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 313

City & State

Plantation FL 33325

City & State

Plantation FL

Zip

33325

Country

USA

Zip

33324

Country

USA

4. FEI Number

65-0806982

Applied For

Not Applicable

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

WILKINSON, FLOYD (SKIP)
11751 SW 1ST ST
PLANTATION FL 33325

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
WILKERSON, FLOYD
11751 SW 1ST ST
PLANTATION FL 33325

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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 all other like empowered.

SIGNATURE:

 Floyd D. Wilkerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 984-3400

CR2E034 (10/00)