2002

~~2001~~ UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB -8 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000102505

1. Entity Name
RAILPLUS, INC.

Principal Place of Business	Mailing Address
3822 MAMARONECK COURT GREEN COVE SPRINGS FL 32043	3000-18 HWY 17 PMB 230 ORANGE PARK FL 32073 32003

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2444 SW BROOKWOOD LANE	1335A NW ST. LUCIE BLVD #113
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM CITY, FL	City & State: PORT ST LUCIE, FL
Zip: 34990 Country: USA	Zip: 34986 Country: USA

4. FEI Number 59-3546913 ☐ 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
WOLLARD, KRISTYN A ~~3822 MAMARONECK COURT~~ ~~GREEN COVE SPRINGS FL 32043~~ 2444 SW BROOKWOOD LN PALM CITY, FL 34990	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: Kristyn A. Wollard - 2/4/02 -

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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 WOLLARD, KRISTYN A ~~3822 MAMARONECK COURT~~ ~~GREEN COVE SPRINGS FL 32043~~	☐ Delete	☐ Change ☐ Addition 2444 SW BROOKWOOD LN PALM CITY, FL 34990	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WOLLARD, RONALD D ~~3822 MAMARONECK COURT~~ ~~GREEN COVE SPRINGS FL 32043~~	☐ Delete	☐ Change ☐ Addition 2444 SW BROOKWOOD LN PALM CITY, FL 34990	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition 000005064160--4 -03/07/02--01049--007 *****150.00 ~~*****150.00~~	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ 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: Kristyn A. Wollard President 2/4/02

Daytime Phone #