2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SARASOTA FL 34236

P99000044464 **DOCUMENT#**

SARASOTA FL 34236



. Entity Name RAIL PROPERTIES OF SOUTH	-WEST FLORIDA, INC.		
rincipal Place of Business	Mailing Address	NI (C	

May 05, 2003 8:00 am Secretary of State

05-05-2003 91781 017 ***150.00

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2. Principal Place of Business 3. Mailing Address <u>gary a weiceer</u>c <u>gary a. Weisberg</u> Suite 276 W. WASHINGTON DRIVE \$276 N. WASHINGTON DRIVE ☐ CHECK HERE IF MAKING CHANGES SARASOTA, FLORIDA 342364. FEI Number SARASOTA, FLORIDA 34236 Applied For 65-0925002 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEISBERG, GARY A Street Address (P.O. Box Number And You date in SBERG 276 N. WASHINGTON DRIVE 276 N. WASHINGTON DRIVE SARASOTA FL 34236 Sarasota. Florida 34236 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITI F Delete TITLE ☐ Change WEISBERG, GARY A NAME NAME 276 N. WASHINGTON DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 10 or Block 11 if