

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90048 048 \*\*\*150.00

**DOCUMENT # S46266**



1. Entity Name  
**ECRAIL OF FLORIDA, INC.**

Principal Place of Business  
**10615 NEW KINGS ROAD  
JACKSONVILLE FL 32219  
US**

Mailing Address  
**P.O. BOX 68  
JACKSONVILLE FL 32219  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-3060891**  
Applied For  
 Not Applicable

Zip Country Zip Country

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**

**HUNTER, LEWIS B JR  
4201 BAYMEADOWS ROAD  
SUITE 4  
JACKSONVILLE FL 32217**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PCD</b>	<input type="checkbox"/> Delete
NAME	<b>SANDT, HARTLEY</b>	
STREET ADDRESS	<b>2425 DOGWOOD LN</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	
TITLE	<b>TSD</b>	<input type="checkbox"/> Delete
NAME	<b>HUNTER, LEWIS</b>	
STREET ADDRESS	<b>4201 BAYMEADOWS ROAD, SUITE 4</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32217</b>	
TITLE	<b>V.</b>	<input type="checkbox"/> Delete
NAME	<b>HAPPY, HENRY</b>	
STREET ADDRESS	<b>10615 NEW KINGS ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HAPPY, MICHAEL M</b>	
STREET ADDRESS	<b>10615 NEW KINGS ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32219</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDT, HARTLEY</b>	
STREET ADDRESS	<b>2425 DOGWOOD LN</b>	
CITY-ST-ZIP	<b>ORANGE PARK, FL.</b>	
TITLE	<b>PIC/S/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUNTER, LEWIS</b>	
STREET ADDRESS	<b>4201 BAYMEADOWS ROAD, SUITE 4</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL. 32217</b>	
TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAPPY, HENRY</b>	
STREET ADDRESS	<b>10615 NEW KINGS ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL. 32219</b>	
TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAPPY, MICHAEL M.</b>	
STREET ADDRESS	<b>10615 NEW KINGS ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL. 32219</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Signature of Henry Happy* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **1-05-03** **904-765-6502**  
Date Daytime Phone #

CR2E034 (10/02)