

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/22/00-90023-019-\$150.00-\$150.00

DOCUMENT # 849773

1. Entity Name

QUEEN CITY INCORPORATED RAILROAD CONSTRUCTION, INC

FILED

00 MAR 20 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1500 HUGUENOT RD #101  
BOX 190  
VA 23113

1500 HUGUENOT RD #101  
PO BOX 190  
MIDLOTHIAN VA 23113-0190  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-0997821

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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

TS  Delete

NAME

ELLIS, MICHAEL S

STREET ADDRESS

1500 HUGUENOT ROAD PO Box 190

CITY-ST-ZIP

MIDLOTHIAN VA

TITLE

V  Delete

NAME

THOMAS, JOHN D

STREET ADDRESS

312 DIRECTORS DR #400 P.O. Box 190

CITY-ST-ZIP

WARREN MI 48091 Midlothian VA 23113

TITLE

P  Delete

NAME

BOGGS, FRANKLIN D

STREET ADDRESS

312 DIRECTORS DR #400 10225 Cogdill Rd

CITY-ST-ZIP

KNOXVILLE TN Suite 200

TITLE

D  Delete

NAME

HEALEY, GLENN A

STREET ADDRESS

1500 HUGUENOT RD PO Box 190

CITY-ST-ZIP

MIDLOTHIAN VA

TITLE

~~HEALEY, GLENN V~~  Delete

NAME

HEALEY, GLENN V

STREET ADDRESS

P.O. Box 190

CITY-ST-ZIP

MIDLOTHIAN VA 23113

TITLE

Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E034 (9/99)