## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 355597** 1. Entity Name R.W. SUMMERS RAILROAD CONTRACTOR, INC.

369

## **FILED** Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90094 002 \*\*\*150.00

Principal Place of Business 3693 EAST GANDY ROAD BARTOW FL 33830 US		Mailing Address 3693 E GANDY RD BARTOW FL 33830-8702 US							
					C0005549				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		FEI Number <b>59-1278131</b>		Applied For Not Applicable		
Zip	Country	Zip Country		5. (	Certificate of Status Desired		B.75 Add	itional	
	6. Name and Address of Current	 Registered Agent	<u> </u>	7. !	Name and Address of New Reg			<del></del>	
			Name						
MERRITT, CHARLES D 3407 HIGHLAND ST			Street A	ddress (P.O. B	Box Number is Not Acceptable)				
BAR	TOW FL 33830		City	<del></del>			Zip Code		
						<u>FL</u> _	Lip odd		
SIGNATURE	Signature, typed or printed name of registered agent		E: Registered Agent signate			DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			00 Fee will be \$5	50.00	10. Election Campaign Finar Trust Fund Contribution.	ocing		May Be to Fees	
11.	OFFICERS AND	DIRECTORS	12.	AC	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MERRITT, CHARLES D 3407 HIGHLAND ST BARTOW, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, WALTER P.O. BOX 400 NOCATEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STINSON, JEAN S. 3695 E GANDY RD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARTOW, FL 00000 VTD MERRITT, LEIGH S 3407 HIGHLAND ST BARTOW FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			С	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWINKLER, JOANN S 3617 GROVE TERRACE DR LAKELAND FL	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP		KLER, JOANN S PICCADILLY CIR S, FLORIDA 341		Change	Addition	
TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR