

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 568812

FILED
Feb 25, 2003
Secretary of State

Entity Name: C.J. BRIDGES RAILROAD CONTRACTOR, INC.

Current Principal Place of Business:

415 N. PRAIRIE INDUSTRIAL PKWY.
MULBERRY, FL 33860 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 676
MULBERRY, FL 33860

New Mailing Address:

FEI Number: 59-1813183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

W.G. BRIDGES
5771 LAKE VICTORIA DR
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRIDGES, C J,
Address: 53 SHADOW LN
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: BRIDGES, W G,
Address: 5771 LAKE VICTORIA DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: S () Delete
Name: BRIDGES, W. G
Address: 5771 LAKE VICTORIA DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: T () Delete
Name: BRIDGES, W. G
Address: 5771 LAKE VICTORIA DRIVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRIDGES, CHARLIE J PD
Address: 3107 STONEWATER DRIVE
City-St-Zip: LAKELAND, FL 33803 US

Title: VP (X) Change () Addition
Name: BRIDGES, WILLIAM G VP
Address: 5771 LAKE VICTORIA DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: S (X) Change () Addition
Name: BRIDGES, WILLIAM G S
Address: 5771 LAKE VICTORIA DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: T (X) Change () Addition
Name: BRIDGES, WILLIAM G T
Address: 5771 LAKE VICTORIA DRIVE
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM G. BRIDGES

VP

02/25/2003

Electronic Signature of Signing Officer or Director

Date