

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # F03000003135

1. Entity Name
FITZPATRICK LOCOMOTIVE SERVICE, INC.



Principal Place of Business
5043 PORTSMOUTH STREET
TAVARES FL 32778

Mailing Address
5043 PORTSMOUTH STREET
TAVARES FL 32778

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
34-1863120

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FITZPATRICK, FENTON R
5043 PORTSMOUTH STREET
TAVARES FL 32778

7. Name and Address of New Registered Agent
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.

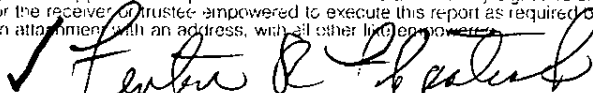
SIGNATURE
Signature, typed or printed name of registered agent and title (if applicable)
DATE

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

10. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
FITZPATRICK, FENTON R
5043 PORTSMOUTH STREET
TAVARES FL 32778
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition
000000884833
04/17/08-80060-011 150.00
Change
Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 limitations.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR