2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F62871

1. Entity Name

RAILROAD ENGINEERING, INC.

FILED Feb 01, 2000 8:00 am Secretary of State

							02-0	01-2000 901	17 033 **	**15 0.00	
Principal Plac	Mailing Address			_							
2025 SYLVESTER RD., N-308 LAKELAND FL 33803			2025 SYLVESTER RD N-308 LAKELAND FL 33803-3579			{	DAGTOGIO				
	_ <u>.</u>					{	E HERRIOE HAR	ELEKT KARRI KRIKE INGE	EK HARI AHARI AKA	EN GLA LE G LOCK G LE	ALI BARA IBBA
2. Principal Place of Business			3. Mailing Address								<u> </u>
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WR	ITE IN THIS	SPACE	
City & State			City & State			4. F	Applied For Not Applied For Not Applied For				
Zip	Zip Country		Zip Coun		ntry	5. Certificate of Status Desire				\$8.75 Ad Fee Require	ditional
	6. Name and	Address of Current Re	egistered Agent	<u> </u>		7. 1	Name and Ad	Idress of New	Registered		
					Name						
2025	INS, CLAUDE B SYLVESTER RI ELAND FL 3380:	•	*		Street Add	fress (P.O. B	ox Number is	Not Acceptabl	e)		
		·	City						FL	Zip Cod	de e
8. The above	named entity sub	omits this statement for t	he purpose of changing its	s register	ed office or re	gistered age	ent, or both, i	n the State of FI		<u></u> _	
			. , , ,	J		• •					
SIGNATURE .	Signature typed or prin	ted name of registered agent and	title it applicable /NOT	F: Bacistara	d Agent signature	required when re	instation)	<u>.</u>	DATE		
		 _		,		···	installing)				
 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 S			0.00	1	on Campaign Fi Fund Contributio			00 May Be d to Fees
11.		OFFICERS AND D	RECTORS	12.		AD	DITIONS/CH	ANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE	PD	IDE O	Delete .	TITL	1					☐ Change	Addition
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NAME				NAMI	E						
STREET ADDRESS		•		- 1	ET ADDRESS						
CITY-ST-ZIP	and the state of t		to the same of the		-ST-ZIP						
indicated of the corp	on this report or s poration or the rec	upplemental report is tr eiver or trustee empow	is filing does not qualify fo ue and accurate and that r ered to execute this report h all other like empowered	ny signat as requi	ture shall have	e the same i	egal effect as	if made under	oath; that I a e appears ir	am an officer.	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR