

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90719 035 ***150.00

0661189 AB

DOCUMENT # F98000001191

1. Entity Name
BALFOUR BEATTY RAIL SYSTEMS, INC.



Principal Place of Business
**4390 IMESON RD
JACKSONVILLE FL 32219**

Mailing Address
**254 S.MAIN ST
NEW CITY NY 10956**



2. Principal Place of Business

3. Mailing Address

4390 Imeson Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

4. FEI Number

39-1611003

Applied For

Not Applicable

Zip

Country

Zip

Country

32219

USA

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

**C T CORPORATION SYSTEM
1200 SOUTH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **O'KEEFE, MICHAEL**
STREET ADDRESS **624 N.FLETCHER AVE.**
CITY-ST-ZIP **FERANDINA BEACH FL 32035**

TITLE **President, CEO** ☒ Change ☐ Addition
NAME
STREET ADDRESS **86278 Eastport Drive**
CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE **VPT** ☐ Delete
NAME **SCHAFER, CLARK**
STREET ADDRESS **309 MAGNOLIA ST**
CITY-ST-ZIP **ATLANTIC BCH FL 32233**

TITLE **Treasurer, ASST SEC, CFO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BONFIGLIO, JOANNE**
STREET ADDRESS **48 DUNNIGAN DR**
CITY-ST-ZIP **POMONA NY 10970**

TITLE **Director, Secretary** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ZINKIN, PETER**
STREET ADDRESS **2 ARMITAGE ROAD**
CITY-ST-ZIP **LONDON NW 11 8BRA**

TITLE **Director, VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ASST. SEC** ☐ Change ☒ Addition
NAME **Mary Lynn Schmitz**
STREET ADDRESS **5229 Appleton Ave.**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

4-17-03 904-378-7100

Date Daytime Phone #

CR2E034 (10/02)