2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P01000036483

1. Entity Name

RAILROAD ENGINEERING CONSULTANTS, INC.



Principal Place of Business 8032 JAGUAR DRIVE JACKSONVILLE FL 32244		803	Mailing Address 8032 JAGUAR DRIVE JACKSONVILLE FL 32244								
2. Principal Place of Business			3. Mailing Address								
Suite, Ap	ot. #, etc.	Sui	Suite, Apt. #, etc.								
City & St	ate	City	City & State				CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For				
Zip Country		Zip Cour					59-3711	377		Applied For Not Applicable	
<u> </u>			· .	Country	<i>/</i>	5. (Certificate of Status Desire	d [\$8.75 Fee Red	Additional	
	6. Name and Address of Currer	t Registere	d Agent			7. 1	Name and Address of Ne	w Registe	ered Agent	Julieu	
CAMP.	RICHARD CPA			1	Name						
· 4110 S0	OUTHPOINT BOULEVARD #205	- - *	Street Address			s (P.O. B	(P.O. Box Number is Not Acceptable)				
JACKSC	DNVILLE FL 32216			-	-	 -					
,	``` ``C			-	City			-	*** 7:- 7		
8. The above	e named entity submits this statement attions of registered agent.	or the purpo	ose of changing its			lavad a s			FL Zip (Code	
the orbliga	ations of registered agent.		are the trianging its	rogistered	onice or registe	iered age	ent, or both, in the State of	Florida. I	am familiar w	ith, and accept	
SIGNATURE	Signature broad or natural										
	Signature, typed or printed name of registered agen	t and title if appli	cable. (NOTE	E: Registered Aç	ent signature require	red when rei	nstating)	D	ATE		
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	of State					Election Campaign Trust Fund Contribu	Financing	_ ~	5.00 May Be	
10.	OFFICERS AND	DIRECTOR	s	11.			OLTIONS (CHANGES TO C	========			
TITLE NAME	D KOCITZMAN DOMAN O		☐ Delete	TITLE			DITIONS/CHANGES TO O	FFICERS			
STREET ADDRESS	KREITZMAN, DONALD O 8032 JAGUAR DRIVE			NAME					☐ Chang	le 🔲 Addition	
CITY-ST-ZIP	JACKSONVILLE FL 32244			STREET AL							
TITLE			Delete	TITLE							
NAME Street address	ii.			NAME					☐ Chang	e 🗌 Addition	
CITY-ST-ZIP				STREET AD	- 1						
TITLE			☐ Delete	CITY-ST-2	IP						
NAME			LJ Derete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STREET AD	Dress						
TITLE			<u> </u>	CITY-ST-Z	IP						
NAME	· · · · ·	•	Delete	TITLE	-	·			☐ Change	☐ Addition	
STREET ADDRESS				NAME STREET ADE	nress						
CITY-ST-ZIP				CITY-ST-ZI							
TITLE NAME			☐ Delete	TITLE				 -	☐ Change		
STREET ADDRESS				NAME	,				☐ change	☐ Addition	
CITY-ST-ZIP				STREET ADD							
TITLE			☐ Delete	TITLE		·	<u> </u>				
NAME STREET ADDRESS				NAME					☐ Change	☐ Addition	
CITY-ST-ZIP				STREET ADD	RESS						

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 changed, or on an attachment with an address, with all other like entire ed. SIGNATURE:

Daytime Phone #

FILED

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90681 023 ***150.00