

# 2001 UNIFORM BUSINESS REPORT (UBR) OK

FILED

Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90025 008 \*\*\*158.75

DOCUMENT # P96000026933

1. Entity Name  
RAIL TRANSPORTATION TECHNICAL  
SERVICES CORPORATION

Principal Place of Business

Winter Park  
Florida

Mailing Address

POB 2142  
Winter Park, FL  
32790

00018093

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3370212

Applied For

Not Applicable

Zip

Country

Zip

Country

32790

Orange

32790

Orange

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required.

6. Name and Address of Current Registered Agent

Robert N. Lerner, Esq.  
620 Jasmine Road  
POB 150176  
Altamonte Springs, FL 32715

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Director/President  
NAME JOEL H WELCH  
STREET ADDRESS POB 2142  
CITY-ST-ZIP Winter Park, FL 32790

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Addition

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☐ Change

☐ Addition

13. 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 11 or Block 12 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

2/2/01

Date

407.366.6979

Daytime Phone #

CR2E034 (11/00)