

2000 UNIFORM BUSINESS REPORT (UBR) AMENDED

DOCUMENT # **PA7000033228**

1. Entity Name
Interrail Signal Engineering, Inc.

FILED

01 APR -4 PM 4:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
11570 San Jose Blvd., Suite 20 Jacksonville FL 32223 Same

2. Principal Place of Business 3. Mailing Address
11570 San Jose Blvd. Same

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 20

City & State City & State
Jacksonville FL

Zip Country Zip Country
32223 USA

4. FFI Number Applied For
593436354 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Kelley, David L.
1435B Scott Rd.
Jacksonville FL 32259**

7. Name and Address of New Registered Agent

Name **JAMES F. KELLEY**
Street Address (P.O. Box Number is Not Acceptable) **11570 SAN JOSE BLVD, STE 20**
City **JACKSONVILLE** FL Zip Code **32223**

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 **James F. Kelley**
Signature, typed or printed name of registered agent and 120 if dual state

(NOTE: Registered Agent signature required when re-registering)

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, 2000 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	P	☐ Delete
NAME	Kelley, James F.	
STREET ADDRESS	1116 Kalmia Ct.	
CITY-ST-ZIP	Jacksonville FL 32259	
TITLE	ST	☐ Delete
NAME	Kelley, David L.	
STREET ADDRESS	1435B Scott Rd.	
CITY-ST-ZIP	Jacksonville FL 32259	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	500004014385--E	
STREET ADDRESS	04/17/01-0111-013	
CITY-ST-ZIP	*****E1.25 *****E1.25	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **James F. Kelley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

904-268-6411

Date

Daytime Phone #

CR2E034 (9/99)