

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
 03-15-2000 90107 033 ***150.00

DOCUMENT # V10906

1. Entity Name

ENGINEERING SERVICES, INC., RAILROADS

Principal Place of Business

1253 FRUIT COVE DR S
 JACKSONVILLE FL 32259

Mailing Address

1253 FRUIT COVE DR S
 JACKSONVILLE FL 32259-3809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3114528

Applied For

Not Applicable

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

COTTEN, KENNETH, P.E.
1253 FRUIT COVE DR S
JACKSONVILLE FL 32259

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	COTTEN, KENNETH P.E.	
STREET ADDRESS	1253 FRUIT COVE DR S	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	TS	<input type="checkbox"/> Delete
NAME	COTTEN, MARY B	
STREET ADDRESS	1253 FRUIT COVE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	D	<input type="checkbox"/> Delete
NAME	COTTEN, JOHN	
STREET ADDRESS	PO BOX 28 - 1565 GRANSTON RD	
CITY-ST-ZIP	MOREHEAD KY 40351	
TITLE	D	<input type="checkbox"/> Delete
NAME	COTTEN, C J	
STREET ADDRESS	PO BOX 28 - 1565 GRANSTON RD	
CITY-ST-ZIP	MOREHEAD KY 40351	
TITLE	D	<input type="checkbox"/> Delete
NAME	COTTEN, ROBIN	
STREET ADDRESS	PO BOX 28 - 1565 GRANSTON RD	
CITY-ST-ZIP	MOREHEAD KY 40351	
TITLE	COTTEN, MICHAEL W	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2903 Louisville Rd - R008
CITY-ST-ZIP	HARRADSBUURG, Ky 40330 - 8669
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2903 Louisville Rd - R008
CITY-ST-ZIP	HARRADSBUURG, Ky 40330 - 8669
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2903 Louisville Rd - R008
CITY-ST-ZIP	HARRADSBUURG, Ky 40330 - 8669
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	COTTEN, MICHAEL W
CITY-ST-ZIP	2903 Louisville Rd - R008
	HARRADSBUURG, Ky 40330 - 8669

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

Date

Daytime Phone #

CR2E034 (9/99)