

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90012 038 \*\*\*550.00

**DOCUMENT # F99000004250**

1. Entity Name  
**SFT CONSULTING ENGINEERS, INC.**

**C0071712**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6629 W. CENTRAL AVENUE TOLEDO OH 43617-1098	Mailing Address 6629 W. CENTRAL AVENUE TOLEDO OH 43617-1098
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number <b>34-1306095</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**WHITING, MACAULEY JR.**  
**163 E. MORSE BLVD., SUITE 200**  
**WINTER PARK FL 32789**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC LUTWEN, RONALD C 6629 W. CENTRAL AVENUE TOLEDO OH 43617-1098 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KNOTT, DANIEL L 6629 W. CENTRAL AVENUE TOLEDO OH 43617-1098 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAATZ, WILLIAM F 6629 W. CENTRAL AVENUE TOLEDO OH 43617-1098 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULDERMAN, JOSEPH M 6629 W. CENTRAL AVENUE TOLEDO OH 43617-1098 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KLAEGE, MARY ELLEN 6629 W. CENTRAL AVENUE TOLEDO OH 43617-1098 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Catherine Vorst 6629 W. Central Ave Toledo, OH 43617-1098 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Ronald C Lutwen* **Ronald C Lutwen** *6/5/01* *419-843-8200*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment Doc # F99.000004250  
C0071712

Form **7004**  
 Rev. October 2000)

**Application for Automatic Extension of Time  
 To File Corporation Income Tax Return**

OMB No. 1545-0233

Department of the Treasury  
 Internal Revenue Service

Name of corporation: **SFT, INC** Employer identification number: **34-1306095**

Number, street, and room or suite no. (if a P.O. box or outside the United States, see instructions.): **6629 W. CENTRAL AVENUE**

City or town, state, and ZIP code: **TOLEDO, OH 43617**

- Check type of return to be filed:
- Form 990-C
  - Form 1120
  - Form 1120-A
  - Form 1120-F
  - Form 1120-FSC
  - Form 1120-H
  - Form 1120-L
  - Form 1120-ND
  - Form 1120-PC
  - Form 1120-POL
  - Form 1120-REIT
  - Form 1120-RIC
  - Form 1120S
  - Form 1120-SF

Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the United States

**1 Request for Automatic Extension (see instructions)**

**a Extension date.** I request an automatic 6-month (or, for certain corporations, 3-month) extension of time until 9/15, 2001, to file the income tax return of the corporation named above for  calendar year 2000 or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_, 2000

**b Short tax year.** If this tax year is for less than 12 months, check reason:  
 Initial return  Final return  Change in accounting period  Consolidated return to be filed

**2 Affiliated group members (see instructions).** If this application also covers subsidiaries to be included in a consolidated return, provide the following information:

Name and address of each member of the affiliated group	Employer identification number	Tax period

**3 Tentative tax (see instructions)** ..... **3** **40,000**

<b>4 Payments and refundable credits: (see instructions)</b>		
<b>a</b> Overpayment credited from prior year	<b>4a</b> 10,956	
<b>b</b> Estimated tax payments for the tax year	<b>4b</b> 29,844	
<b>c</b> Less refund for the tax year applied for on Form 4466	<b>4c</b> ( )	
<b>d</b> Total of lines 4a through 4c	<b>4d</b> 40,800	
<b>e</b> Credit for tax paid on undistributed capital gains (Form 2439)	<b>4e</b>	
<b>f</b> Credit for Federal tax on fuels (Form 4136)	<b>4f</b>	

**5 Total.** Add lines 4d through 4f (see instructions) ..... **5** **40,800**

**6 Balance due.** Subtract line 5 from line 3. **Deposit this amount using the Electronic Federal Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon (see instructions)** ..... **6** **0**

Signature. Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

Linda A. Velandra CPA (Signature of officer or agent) CLDENIN & ZBIERAJEWSKI LLC 34-1313730 (Title) 3/14/01 (Date)  
 5750 Alexis Rd., Sylvania, OH 43560 (419) 882-1886