2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State
08-08-2000 90091 017 ***550.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # H31584

1. Entity Name
STRUCTURAL ASSOCIATES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
5903 FISHER ROAD P. O. BOX 220 EAST SYRACUSE N 13057 US	5903 FISHER ROAD P. O. BOX 220 EAST SYRACUSE N 13057-0220 US

2. Principal Place of Business		3. Mailing Address	
5903 FISHER ROAD		5903 FISHER ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: EAST SYRACUSE, NY		City & State: EAST SYRACUSE, NY	
Zip 13057	Country US	Zip 13057	Country US

4. FEI Number 59-2470006 ☐ 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
BURGER, ROBERT T. 1901-6 HWY A1A INDIAN HARBOUR BEACH FL 32937	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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP WELLER, DENNIS 8781 WEDGEFIELD LANE CICERO NY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 6414 FANTAIL LANE CICERO, NY 13039	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/00)

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] DENNIS G. WELLER 7/31/2000 315/463-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #