

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name **FLUOR CONSTRUCTORS INTERNATIONAL, INC.**

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90110 040 ***150.00

Principal Place of Business Mailing Address
ONE ENTERPRISE DRIVE ONE ENTERPRISE DRIVE
ALISO VIEJO, CA 92656 F2B
ALISO VIEJO, CA 92656-2606

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 **95-3093523** 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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

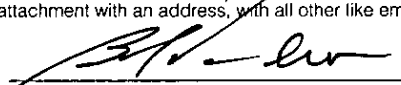
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME FLINTON, R.A.
STREET ADDRESS ONE ENTERPRISE DRIVE
CITY-ST-ZIP ALISO VIEJO, CA 92656
TITLE P ☐ Delete
NAME ROBINSON, R.W.
STREET ADDRESS ONE ENTERPRISE DRIVE
CITY-ST-ZIP ALISO VIEJO, CA 92656
TITLE V ☐ Delete
NAME WEBSTER, R.P.
STREET ADDRESS ONE ENTERPRISE DRIVE
CITY-ST-ZIP ALISO VIEJO, CA 92656
TITLE S ☐ Delete
NAME BL. VONDRA
STREET ADDRESS ONE ENTERPRISE DRIVE
CITY-ST-ZIP ALISO VIEJO CA, 92656
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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:  B.L. VONDRA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/2000 (949) 349-4031
Date Daytime Phone #

CR2E034 (9/99)