

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P06875

1. Entity Name

FLUOR CONSTRUCTORS INTERNATIONAL, INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90188 023 ***150.00

Principal Place of Business

ONE ENTERPRISE DR
ALISO VIEJO CA 92656

Mailing Address

ONE ENTERPRISE DR
551M
ALISO VIEJO CA 92656

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

ONE ENTERPRISE DR.

F2B

ALISO VIEJO, CA

92656

US



DO NOT WRITE IN THIS SPACE

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, 2001 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 DR	
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	WESTER, R P	
STREET ADDRESS	ONE ENTERPRISE DRIVE	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	S	☐ Delete
NAME	VONDRA, B L	
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	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY VONDRA 4-3-01

Date

Daytime Phone #

9493496091

CR2E034 (10/00)