

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 831643

1. Entity Name

WILLIAMS BROTHERS ENGINEERING COMPANY

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90182 008 ***150.00

Principal Place of Business

3353 MICHELSON DR.
DEPARTMENT 551M
IRVINE CA 92698
US

Mailing Address

3353 MICHELSON DR.
551M
IRVINE CA 92612-0650
US

2. Principal Place of Business

ONE ENTERPRISE DR.
Suite, Apt. #, etc.
F2B

3. Mailing Address

ONE ENTERPRISE DR.
Suite, Apt. #, etc.
F2B

City & State

ALISO VIEJO CA

City & State

ALISO VIEJO CA

4. FEI Number

73-0777873

Applied For

Not Applicable

Zip

92656

Country

US

Zip

92656-2606

Country

US

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SANDS, C D	
STREET ADDRESS	3353 MICHELSON DR.	
CITY-ST-ZIP	IRVINE CA 92698	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	FISHER, L.R., JR.	
STREET ADDRESS	ONE FLUOR DANIEL DRIVE	
CITY-ST-ZIP	SUGAR LAND TX	
TITLE	V	<input type="checkbox"/> Delete
NAME	LONG, G W	
STREET ADDRESS	ONE FLUOR DANIEL DRIVE	
CITY-ST-ZIP	SUGARLAND TX	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MORROW, T.H.	
STREET ADDRESS	3353 MICHELSON DR.	
CITY-ST-ZIP	IRVINE CA	
TITLE	V	<input type="checkbox"/> Delete
NAME	GRASSMAN, D D	
STREET ADDRESS	3353 MICHELSON DR.	
CITY-ST-ZIP	IRVINE CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE ENTERPRISE DR.	
STREET ADDRESS	ALISO VIEJO, CA 92656	
CITY-ST-ZIP	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		
NAME	HULL, S.F.	
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME	ONE ENTERPRISE DR.	
STREET ADDRESS	ALISO VIEJO CA 92656	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		
TITLE		
NAME	ONE ENTERPRISE DR.	
STREET ADDRESS	ALISO VIEJO CA 92656	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		
NAME	L.N. FISHER	
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	

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:

T.H. MORROW REG. T.H. MORROW, ASST. TREASURER

Date

2/15/2000

Daytime Phone #

(949)349-4031

CR2E034 (9/99)