

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90159 027 \*\*\*150.00

**DOCUMENT # F00000006575**

**1. Entity Name**  
**BRIGGS ENGINEERING, INC.**

**Principal Place of Business**  
**1800 W. OVERLAND ROAD**  
**BOISE ID 83705-3142**

**Mailing Address**  
**1800 W. OVERLAND ROAD**  
**BOISE ID 83705-3142**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b>		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		82-0408570		<input type="checkbox"/> Not Applicable	
City & State		City & State		<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
<b>SCHIENERT, ARTHUR</b> <b>3501 EMERALD POINT DRIVE, APT. 3041A</b> <b>HOLLYWOOD FL 33021</b> <i>Arthur Schienert</i>				<b>Name</b> <b>SCHIENERT, ARTHUR</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>4938 S.W. 33RD WAY</b> <b>City</b> <b>HOLLYWOOD</b>			
				<b>FL</b>			
				<b>Zip Code</b> 33021			

**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** *Arthur Schienert* **DATE** *1-18-02*

Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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<b>11. OFFICERS AND DIRECTORS</b>				<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b>	<b>C</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<b>NAME</b>	<b>BRIGGS, WILLIAM W</b>			<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>1800 W. OVERLAND ROAD</b>			<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>BOISE ID 83705-3142</b>			<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<b>NAME</b>	<b>BRIGGS, DEAN W</b>			<b>NAME</b>			
<b>STREET ADDRESS</b>	<b>1800 W. OVERLAND ROAD</b>			<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	<b>BOISE ID 83705-3142</b>			<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			

**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:** *Dean Briggs* **01-15-02** **(208) 344-9700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)