

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004498

1. Entity Name

SIA MANAGEMENT, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90060 009 ***150.00

Principal Place of Business

1360 POST OAK BLVD.
#1770
HOUSTON TX 77056

Mailing Address

1360 POST OAK BLVD.
#1770
HOUSTON TX 77056-3062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

76-0390587

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
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 DT ☐ Delete
NAME BENNETT, DONALD K
STREET ADDRESS 812 ANACAPA STREET #2
CITY-ST-ZIP SANTA BARBARA CA 93101

TITLE DP ☒ Delete
NAME GROTENHUIS, DAVID
STREET ADDRESS 3555 1/2 PADARO LANE
CITY-ST-ZIP CARPINTERIA CA 93013

TITLE DS ☒ Delete
NAME SIEMENS, WAYNE
STREET ADDRESS 812 ANACAPA STREET #2
CITY-ST-ZIP SANTA BARBARA CA 93101

TITLE D ☐ Delete
NAME GUNTER, ALLEN
STREET ADDRESS 1360 POST OAK BLVD, #1770
CITY-ST-ZIP HOUSTON TX 77056

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-00

713-621-9288

CR2E034 /9/99