

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**  
 03-07-2000 90051 022 \*\*\*150.00

**DOCUMENT # F94000004870**

1. Entity Name

**STRUCTURAL INTEGRITY ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**3315 ALMADEN EXPRESSWAY  
 SUITE 24  
 SAN JOSE CA 95118-1557**

**3315 ALMADEN EXPRESSWAY  
 SUITE 24  
 SAN JOSE CA 95118-1557**

**00028873**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**94-2872355**

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

**WISE, DOUGLAS W  
 3350 N.W. 22ND TERRACE  
 BLDG. "B" SUITE 1200  
 POMPANO BEACH FL 33069**

Name

**DAVID H. SMITH**

Street Address (P.O. Box Number is Not Acceptable)

**3350 N.W. 22ND TERRACE**

**BLDG "B" SUITE 1200**

City

**POMPANO BEACH**

FL

Zip Code

**33069**

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

*David H. Smith*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/17/00**

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 **PD** ☐ Delete  
 NAME **RICCARDELLA, PETER C**  
 STREET ADDRESS **3315 ALMADEN EXPWY, SUITE 24**  
 CITY-ST-ZIP **SAN JOSE CA 95118-1557**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **SMILEY, DEAN A**  
 STREET ADDRESS **3315 ALMADEN EXPWY, SUITE 24**  
 CITY-ST-ZIP **SAN JOSE CA**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **C** ☐ Delete  
 NAME **DEARDORFF, ARTHUR F**  
 STREET ADDRESS **3315 ALMADEN EXPWY, SUITE 24**  
 CITY-ST-ZIP **SAN JOSE CA 95118-1557**

TITLE **V.C.** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **GIANNUZZI, ANTHONY J**  
 STREET ADDRESS **3315 ALMADEN EXPWY, SUITE 24**  
 CITY-ST-ZIP **SAN JOSE CA**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **MUCCIARDI, ANTHONY J**  
 STREET ADDRESS **814 THAYER AVE, SUITE 350**  
 CITY-ST-ZIP **SILVER SPRING MD 20910**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **512 ASHFORD RD.**  
 CITY-ST-ZIP **SILVER SPRING, MD 20910**

TITLE **SD** ☐ Delete  
 NAME **GERBER, DAVID A**  
 STREET ADDRESS **3315 ALMADEN EXPWY, SUITE 24**  
 CITY-ST-ZIP **SAN JOSE CA 95118-1557**

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:

*Dean Smiley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/25/00**

Daytime Phone #

CR2E034 (9/99)