

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90621 043 ***150.00

DOCUMENT # F 95000005057

1. Entity Name

FLUOR Daniel Overland EXPRESS

DO NOT WRITE IN THIS SPACE

80055808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ONE ENTERPRISE DR.

3. Mailing Address

ONE ENTERPRISE DR.

Suite, Apt. #, etc.

F2 B

Suite, Apt. #, etc.

F2 B

City & State

ALISO VIEJO CA

City & State

ALISO VIEJO CA

Zip

92656

Country

US

Zip

92656-2606

Country

US

4. FEI Number

33-0684036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY- ST- ZIP	PRESIDENT R.G. PETERSON ONE ENTERPRISE DR. ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CFO MIKE STEUERT ONE ENTERPRISE DR. ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SECRETARY L.N. FISHER ONE ENTERPRISE DR. ALISO VIEJO, CA 92656
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ASST. TREASURER MIN C. TSENG ONE ENTERPRISE DR. ALISO VIEJO, CA 92656
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

ASST. TREASURER

3/7/02

949-349-6091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)