

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005442

1. Entity Name

FLUOR NUCLEAR SERVICES, INC.

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

02-28-2000 90182 015 ***150.00

Principal Place of Business

Mailing Address

3353 MICHELSON DRIVE SUITE 514R
IRVINE CA 92698

3353 MICHELSON DRIVE
STE 551M
IRVINE CA 92612-0650

2. Principal Place of Business

ONE ENTERPRISE DR.

Suite, Apt. #, etc.

F2B

City & State

ALISO VIEJO CA

Zip

92656

Country

US

3. Mailing Address

ONE ENTERPRISE DR.

Suite, Apt. #, etc.

F2B

City & State

ALISO VIEJO CA

Zip

92656-2606

Country

US

4. FEI Number

33-0690996

Applied For

Not Applicable

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.
528 E. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, H R	
STREET ADDRESS	100 FLUOR DANIEL DRIVE	
CITY-ST-ZIP	GREENVILLE SC 29607	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HULL, S F	
STREET ADDRESS	3353 MICHELSON DRIVE	
CITY-ST-ZIP	IRVINE CA 92698	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FISHER, L N	
STREET ADDRESS	3353 MICHELSON DRIVE	
CITY-ST-ZIP	IRVINE CA 92698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAKE, R.F.	
STREET ADDRESS	ONE ENTERPRISE DR.	
CITY-ST-ZIP	ALISO VIEJO CA 92656	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS, J.R.	
STREET ADDRESS	100 FLUOR DANIEL DR.	
CITY-ST-ZIP	GREENVILLE SC 29607	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREEL, J.M.	
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:

L. N. Fisher
L. N. FISHER, DIRECTOR

2/15/2000

Date

(949) 349-4031

Daytime Phone #

CR2E034 (9/99)