

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90056 011 ***150.00

DOCUMENT # F99000004250

1. Entity Name

SFT CONSULTING ENGINEERS, INC.

Principal Place of Business

Mailing Address

6629 W. CENTRAL AVENUE
 TOLEDO OH 43617-1098

6629 W. CENTRAL AVENUE
 TOLEDO OH 43617-1098

80007090



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

34-1306095

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

WHITING, MACAULEY JR.
163 E. MORSE BLVD., SUITE 200
WINTER PARK FL 32789

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTWEN, RONALD C	NAME	
STREET ADDRESS	6629 W. CENTRAL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 43617-1098	CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOTT, DANIEL L	NAME	
STREET ADDRESS	6629 W. CENTRAL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 43617-1098	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAATZ, WILLIAM F	NAME	
STREET ADDRESS	6629 W. CENTRAL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 43617-1098	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULDERMAN, JOSEPH M	NAME	
STREET ADDRESS	6629 W. CENTRAL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 43617-1098	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAEGE, MARY ELLEN	NAME	
STREET ADDRESS	6629 W. CENTRAL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH 43617-1098	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

Ronald C. Lutwen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED
 Ronald C. Lutwen

1-14-99

(419) 843-8200

Date

Daytime Phone #