

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90426 031 ***150.00

DOCUMENT # **P06491**

1. Entity Name

FLUOR DANIEL ENGR. INC.

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

Country

US

4. FEI Number

57-0782198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NRAI SERVICES, INC

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

526 E. PARK AVE

City

TALLAHASSEE

FL

Zip Code

32301

**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 remaining)

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.A. SHINKLE	ONE ENTERPRISE DR.	ALISO VIEJO, CA 92656
V-PRESIDENT	F.L. SIMS	ONE ENTERPRISE DR.	ALISO VIEJO, CA 92656
SECRETARY	L.N. FISHER	ONE ENTERPRISE DR.	ALISO VIEJO, CA 92656
DIRECTOR	F.L. SIMS	ONE ENTERPRISE DR.	ALISO VIEJO, CA 92656

**DO NOT WRITE
IN THIS SPACE**

3. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M.C. TSENG

4/2/02

949-349-6091

CR2E034B (12/01)