

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90084 045 ***150.00

DOCUMENT # P07169

1. Entity Name
**Strategic ORGANIZATIONAL SYSTEMS Environmentz
ENGINEERING**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

One Enterprise DR.

3. Mailing Address

One Enterprise DR.

Suite, Apt. #, etc.

F2B

Suite, Apt. #, etc.

F2B

City & State

ALISO VIEJO, CA

City & State

ALISO VIEJO, CA

Zip

92656

Country

US

Zip

92656

Country

US

4. FEI Number

94-8959611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NRMI SERVICES, INC

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

526 EAST 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 resigning)

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	V-PRESIDENT 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR L.N. FISHER ONE ENTERPRISE DR. ALISO VIEJO, CA 92656
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Min C. TSENG

4-3-02

Date

949-349-6091

Office Phone #

CR2E034B (12/01)