

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049725

1. Entity Name

SAI ENGINEERING, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90204 001 ***317.50

Principal Place of Business

Mailing Address

68 S. IVANHOE BLVD.
ORLANDO FL 32804-6441

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ORLANDO FL 32804-6441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3477541

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

STROLLO, J P
68 S IVANHOE BLVD
ORLANDO FL 32804-6441

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	STROLLO, J.P.	777 FRENCH AVE	WINTER PARK FL 32789	<input type="checkbox"/>
D	STROLLO, CYNTHIA A	777 FRENCH AVE	WINTER PARK FL 32789	<input type="checkbox"/>
D	STROLLO, LAWRENCE A	276 RIVER ROAD W.	MANAKIN-SABOT VA 23103-0262	<input type="checkbox"/>
D	PASLICK, MAURY R P.E.	15437 BEACHVIEW DR.	MONTCLAIR VA 22026-1024	<input type="checkbox"/>
D	ZITO, DANIEL L	12703 TORRINGTON ST.	LAKERIDGE VA 22192	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Pat Strollo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22 Feb 2000

Date

407/423-5355

Daytime Phone #

CR2E034 (9/99)