

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049737

1. Entity Name

SAI ENGINEERING INCORPORATED MECHANICAL AND ELEC

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90119 035 ***150.00

Principal Place of Business

Mailing Address

ATTN: MARIA PASLUK
12972 HARBOR DRIVE, SUITE 100
LAKE RIDGE VA 22192-1271

ATTN: MARIA PASLUK
12972 HARBOR DRIVE, SUITE 100
LAKE RIDGE VA 22192-2930

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3386683

Applied For

Not Applicable

Zip

Country

Zip

Country

22192-2930

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | PASLUK, MAURY R | |
| STREET ADDRESS | 15437 BEACHVIEW DR. | |
| CITY-ST-ZIP | MONTCLAIR VA 22026 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | ZITO, DANIEL L | |
| STREET ADDRESS | 12703 TORRINGTON ST. | |
| CITY-ST-ZIP | LAKE RIDGE VA 22192 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | STROLLO, J. PAT | |
| STREET ADDRESS | 777 FRENCH AVENUE | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | PASLUK, MARIA J | |
| STREET ADDRESS | 15437 BEACHVIEW DRIVE | |
| CITY-ST-ZIP | MONTCLAIR VA 22026 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

Maria J. Pasluck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00
Date

(703) 497-1271
Daytime Phone #

Maria J. Pasluck, Secretary

CR2E034 (9/99)