

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **p99000041198**

1. Entity Name

**STRUCTURAL DIAGNOSTICS AND
FORENSIC ENGINEERING, INC**

Principal Place of Business

**3212 HEATHER HILL
LANE
Tallahassee, FL 32308**

Mailing Address

**P.O. BOX 20232
Tallahassee FL 32316**

2. Principal Place of Business

3212 HEATHER HILL LN

3. Mailing Address

P.O. BOX 20232

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee FL

Zip

32308

Country

LEON

Zip

32316

Country

LEON

4. FEI Number

59-3578196

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRIMUS V. MTENGA
SDFE, INC
~~P.O. BOX 20232~~ 3212 HEATHER
HILL LN
Tallahassee, FL 32316**

7. Name and Address of New Registered Agent

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]

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 **PRESIDENT** ☐ Delete
NAME **PRIMUS V. MTENGA**
STREET ADDRESS **3212 HEATHER HILL LN**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **600003279176- - 0**
CITY-ST-ZIP **-06/06/00--01108--025**
*******550.00 *****550.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **600003279176- - 0**
CITY-ST-ZIP **-06/06/00--01108--025**
*******8.75 *****8.75**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/2000

Date

Daytime Phone #

APPROVED
AND
FILED

00 MAY 22 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]

DO NOT WRITE IN THIS SPACE