

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

DOCUMENT # P99000041198

1. Entity Name

STRUCTURAL DIAGNOSTIC AND
FORENSIC ENGINEERING, INC

DO NOT WRITE IN THIS SPACE

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

32309

Country

LEON

Zip

32316

Country

LEON

APPROVED
AND
FILED
02 MAR 22 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3578196

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DR. PRIMUS V. MTENGA

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

3212 HEATHER HILL LN

City

TALLAHASSEE

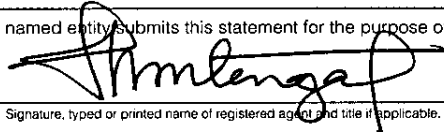
FL

Zip Code

32309

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

3-22-2002

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 P
NAME DR. PRIMUS V. MTENGA
STREET ADDRESS P.O. Box 20232
CITY-ST-ZIP TALLAHASSEE FL 32316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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-03/27/02--01079--007
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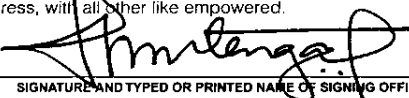
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

1/AD

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-2002 (850) 294-1868

Date

Daytime Phone #

CR2E034B (12/01)