

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 499628

1. Entity Name

BDEIR INVESTMENTS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90116 004 ***150.00

Principal Place of Business

805 CROSSBOW DR
MELBOURNE FL 32904

Mailing Address

PO BOX 360475
MELBOURNE FL 32936-0475

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

59-1694097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONNER, WILLIAM E.
805 CROSSBOW DR
MELBOURNE FL 32904

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	STD	<input type="checkbox"/> Delete
NAME	BDEIR, ROSEMARY	
STREET ADDRESS	PO BOX 48 N/A	
CITY-ST-ZIP	AMMAN, JORDAN 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONNER, WILLIAM E	
STREET ADDRESS	805 CROSSBOW DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONNER, MATTIE R.	
STREET ADDRESS	805 CROSSBOW	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BDEIR, OTHMAN	
STREET ADDRESS	PO BOX 48 N/A	
CITY-ST-ZIP	AMMAN, JORDAN 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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: William E. Conner **WILLIAM E. CONNER** 1/12/00 (321) 956-6504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)