

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002455

1. Entity Name

B.C.E. TECHNOLOGIES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90121 013 ***550.00

Principal Place of Business 618 WARE BLVD. TAMPA FL 33618	Mailing Address 618 WARE BLVD. TAMPA FL 33619-4443
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2942163	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITTEMORE, DONALD H
111 E MADISON
STE 2630
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **TERRY L. MALENCH**
 Street Address (P.O. Box Number is Not Acceptable)
618 WARE BLVD.
 City **TAMPA** FL Zip Code **33619**

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 **TERRY L. MALENCH, V.P. FINANCE** DATE **4-30-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	S <input type="checkbox"/> Delete
NAME	R MICHAEL REED
STREET ADDRESS	301 GARDNER DR
CITY-ST-ZIP	NEW CENTURY KS
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	FRANKENBERG, JAY
STREET ADDRESS	618 WARE BLVD
CITY-ST-ZIP	TAMPA FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	IGARASHI, TAKESHI
STREET ADDRESS	618 WARE BLVD
CITY-ST-ZIP	TAMPA FL
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R. MICHAEL REED
STREET ADDRESS	618 WARE BLVD.
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON POOTON
STREET ADDRESS	618 WARE BLVD.
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREY BEASLEY
STREET ADDRESS	618 WARE BLVD.
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 lines empowered.

SIGNATURE: **TERRY L. MALENCH** DATE **4-30-00** DAYTIME PHONE # **813-678-4024**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)