

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 08:00 AM
Secretary of State

DOCUMENT # F94000002455

1. Entity Name
B.C.E. TECHNOLOGIES, INC.

Principal Place of Business
 618 WARE BLVD.
 TAMPA FL 33618

Mailing Address
 618 WARE BLVD.
 TAMPA FL 33618

2. Principal Place of Business
 618 WARE BLVD.
 Suite, Apt. #, etc.

3. Mailing Address
 618 WARE BLVD.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 TAMPA FL

City & State
 TAMPA FL

4. FEI Number
59-2942163
 Applied For Not Applicable

Zip Country
 33619 US

Zip Country
 33619 US

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MALENCH TERRY L
618 WARE BLVD
 TAMPA FL 33619 US

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 _____ DATE **01/25/2001**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALENCH TERRY LVP 618 WARE BLVD. TAMPA FL 33619 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRICE SYBIL VP 618 WARE BLVD. TAMPA FL 33619 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BEASLEY TEDDIS EVP 618 WARE BLVD. TAMPA FL 33619 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO POOTON THOMPSON JCEO 618 WARE BLVD TAMPA FL 33619 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR LEMAY JOHN DPRESIDE 127 PUBLIC SQUARE , 28TH FLOOR CLEVELAND OH 441141306 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP REED R. MCFO 15500 WEST 108TH ST. LENEXA KS 66219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: **TERRY L. MALENCH** VP Date **01/25/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/00)

**RICK WALKER - VP
618 WARE BLVD.**

TAMPA, FL 33619

**CHRIS WALKER - VP
618 WARE BLVD.**

TAMPA, FL 33619

**GLENN CALDERON VP
618 WARE BLVD.**

TAMPA, FL 33619

**PAT FLAHERTY - VP
3301 ENTERPRISE AVE.**

JOPLIN, MO 64801