

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2001 8:00 am**
Secretary of State

01-26-2001 90123 007 ***150.00

DOCUMENT # F99000006635

1. Entity Name

BC COMPONENTS, INC.

Principal Place of Business

**6071 ST. ANDREWS ROAD
COLUMBIA SC 29212-3198**

Mailing Address

**6071 ST. ANDREWS ROAD
COLUMBIA SC 29212-3198**

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 **13-4032138**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	VAN GROL, GERRITT	
STREET ADDRESS	6071 ST. ANDREWS ROAD	
CITY-ST-ZIP	COLUMBIA SC 29212-3198	

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nazario Proietto	
STREET ADDRESS	PO Box 8766, 5605 LT Eindhoven	
CITY-ST-ZIP	The Netherlands	

TITLE	VCV	<input checked="" type="checkbox"/> Delete
NAME	SEVENANS, MARC	
STREET ADDRESS	6071 ST. ANDREWS ROAD	
CITY-ST-ZIP	COLUMBIA SC 29212-3198	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James D Belt	
STREET ADDRESS	PO Box 8766, 5605 LT Eindhoven	
CITY-ST-ZIP	The Netherlands	

TITLE	D	<input type="checkbox"/> Delete
NAME	KNOTT, J. WAYNE	
STREET ADDRESS	6071 ST. ANDREWS ROAD	
CITY-ST-ZIP	COLUMBIA SC 29212-3198	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phyllis S Block	
STREET ADDRESS	712 U.S. Highway 1, Suite 301	
CITY-ST-ZIP	North Palm Beach, FL 33408	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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 like empowered.

SIGNATURE:*J Wayne Knott*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J Wayne Knott

Jan 16, 2001 (803) 4764275

Date

Daytime Phone #

CR2E034 (10/00)