

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G58502

1. Entity Name

BEHAVIORAL ENGINEERING TECHNOLOGY, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90002 035 ***150.00

Principal Place of Business

Mailing Address

~~206 ELM AVENUE~~ 211 Osprey Villas Ct.
MELBOURNE BEACH FL 32951

~~206 ELM AVENUE~~ 211 Osprey Villas Ct.
MELBOURNE BEACH FL 32951-2420

2. Principal Place of Business

3. Mailing Address

211 Osprey Villas Ct.
Suite, Apt. #, etc.

211 Osprey Villas Ct.
Suite, Apt. #, etc.

Melbourne Beach, FL.

Melbourne Beach, FL

City & State

City & State

4. FEI Number

59-2355169

Applied For

Not Applicable

Zip
32951

Country
USA

Zip
32951

Country
USA

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

VAN HEMERT, M.H. PAUL
5900 SW 73RD ST.
MIAMI FL 33143

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
CONNOR, CHARLES W.
~~206 ELM AVENUE~~ 211 Osprey Villas Ct
MELBOURNE BEACH FL 32951 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CONNOR, RETHA E.
~~206 ELM AVENUE~~ 211 Osprey Villas Ct
MELBOURNE BEACH FL 32951 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Change ☐ 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:

Charles Connor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00
Date

407
952-0339
Daytime Phone #

CR2E034 (9/99)