2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **K69840** Feb 03, 2000 8:00 am **Secretary of State** BETKOR ENGINEERING, INC. 02-03-2000 90019 032 ***150.00 Mailing Address Principal Place of Business % John R. Herring % JOHN R. HERRING -199 PIKE ROAD 199 PIKE ROAD W PALM BEACH FL 93411-300 W PALM BEACH-FL 33411 Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number 65-0107197 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ~ Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name HERRING, JOHN R. 199 PIKE RD W PALM BEACH FL 33411 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ■ Addition ☐ Delete TITLE TITLE HERRING, JOHN R. NAME NAME STREET ADDRESS STREET ADDRESS 199 PIKE RD CITY-ST-ZIP CITY-ST-ZIP W-PALM BEACH FI ☐ Change TITLE Delete TITLE NAME BUDDE, RONALD P. NAME STREET ADDRESS STREET ADDRESS 199 PIKE ROAD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Change Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECULORISM TO SPECIAL TREATMENT