

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 91098 026 ***150.00

DOCUMENT # K69840

1. Entity Name

BETKOR ENGINEERING, INC.

Principal Place of Business

1415 SOUTH FEDERAL HWY
 BOYNTON BEACH FL 33435

Mailing Address

PO BOX 220
 BOYNTON BEACH FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

33425

Country

4. FEI Number

65-0107197

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

HERRING, JOHN R.
1415 S FEDERAL HWY
BOYNTON BEACH FL 33435

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: PD Delete
 NAME: HERRING, JOHN R.
 STREET ADDRESS: 1415 S FEDERAL HWY
 CITY-ST-ZIP: BOYNTON BEACH FL 33435

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

TITLE: ST Delete
 NAME: PORTER, MICHAEL J
 STREET ADDRESS: 1415 S FEDERAL HWY
 CITY-ST-ZIP: BOYNTON BEACH FL 33435

TITLE: Change Addition
 NAME: **Philip G Weikert**
 STREET ADDRESS: **1415 S Federal Highway**
 CITY-ST-ZIP: **Boynton Beach FL 33495**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: Delete
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Delete
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 CITY-ST-ZIP:

TITLE: Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R Herring

4/25/01

Date

561-509-6000

Daytime Phone #

CR2E034 (10/00)