

# 2000 UNIFORM BUSINESS REPORT (UBR)

0010429 AF

DOCUMENT # L99000002164

1. Entity Name  
BUILDER'S ENGINEERING NETWORK, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 FEB 11 AM 11:05

Principal Place of Business  
2945 JACARANDA TRAIL  
TITUSVILLE FL 32780

Mailing Address  
P.O. BOX 5994  
TITUSVILLE FL 32783-5994



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2945 Jacaranda Tr  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 5994  
Suite, Apt. #, etc.

City & State  
Titusville, FL  
Zip  
32780  
Country  
USA

City & State  
Titusville, FL  
Zip  
32780  
Country

4. FEI Number  
59-3240283  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
FETHERMAN, MARK C  
2945 JACARANDA TRAIL  
TITUSVILLE FL 32780

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  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  
FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
nj 2/22/00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FETHERMAN, MARK C 2945 JACARANDA TRAIL TITUSVILLE FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	800003148895-006 -02/28/00--01019--006 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mark C Fetherman* 2-4-00 321-269-7270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)