

2001 UNIFORM BUSINESS REPORT.(UBR)

DOCUMENT # M65560

1. Entity Name

BEC TECHNOLOGIES, INCORPORATED

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90060 011 ***150.00

Principal Place of Business

9460 DELEGATES DRIVE
SUITE #108
ORLANDO FL 32837
US

Mailing Address

9460 DELEGATES DRIVE
SUITE #108
ORLANDO FL 32837
US

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 59-2873469

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

PROCTOR, BOB
1700 PEPPERIDGE DR
ORLANDO FL 32806

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 ~~PTD~~
NAME ~~PROCTOR, ROBERT G.~~
STREET ADDRESS ~~1700 PEPPERIDGE DR~~
CITY-ST-ZIP ~~ORLANDO FL 32806~~

TITLE ~~PTD~~
NAME ~~ROBERT PROCTOR~~
STREET ADDRESS ~~1700 PEPPERIDGE DR.~~
CITY-ST-ZIP ~~ORLANDO, FL 32806~~

TITLE ~~D~~
NAME ~~KALLAS, GERALD~~
STREET ADDRESS ~~16240 TARRYTOWN ROAD~~
CITY-ST-ZIP ~~BROOKFIELD WI~~

TITLE ~~D~~
NAME ~~KALLAS, GERALD~~
STREET ADDRESS ~~16240 TARRYTOWN ROAD~~
CITY-ST-ZIP ~~BROOKFIELD WI~~

TITLE ~~D~~
NAME ~~WOLFANG, LENZ~~
STREET ADDRESS ~~SIEMENSSTRASSE 22~~
CITY-ST-ZIP ~~UHINGEN GE~~

TITLE ~~D~~
NAME ~~WOLFANG, LENZ~~
STREET ADDRESS ~~SIEMENSSTRASSE 22~~
CITY-ST-ZIP ~~UHINGEN GE~~

TITLE ~~D~~
NAME ~~MAKOFKE, THOMAS~~
STREET ADDRESS ~~737 POWDER HORN ROW~~
CITY-ST-ZIP ~~LAKE LAND FL~~

TITLE ~~SD~~
NAME ~~MAKOFKE, THOMAS~~
STREET ADDRESS ~~737 POWDER HORN ROW~~
CITY-ST-ZIP ~~LAKE LAND, FL 33809~~

TITLE ~~D~~
NAME ~~ANDERSON, ALLAN~~
STREET ADDRESS ~~16620 TARRYTOWN ROAD~~
CITY-ST-ZIP ~~BROOKFIELD WI~~

TITLE ~~D~~
NAME ~~ANDERSON, ALLAN~~
STREET ADDRESS ~~16620 TARRYTOWN ROAD~~
CITY-ST-ZIP ~~BROOKFIELD WI~~

TITLE ~~D~~
NAME ~~ANDERSON, ALLAN~~
STREET ADDRESS ~~16620 TARRYTOWN ROAD~~
CITY-ST-ZIP ~~BROOKFIELD WI~~

TITLE ~~D~~
NAME ~~ANDERSON, ALLAN~~
STREET ADDRESS ~~16620 TARRYTOWN ROAD~~
CITY-ST-ZIP ~~BROOKFIELD WI~~

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)