

2001 UNIFORM BUSINESS REPORT.(UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90060 011 ***150.00

DOCUMENT # M65560

1. Entity Name
BEC TECHNOLOGIES, INCORPORATED

Principal Place of Business 9460 DELEGATES DRIVE SUITE #108 ORLANDO FL 32837 US	Mailing Address 9460 DELEGATES DRIVE SUITE #108 ORLANDO FL 32837 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2873469	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**PROCTOR, BOB
 1700 PEPPERIDGE DR
 ORLANDO FL 32806**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE PTD	PROCTOR, ROBERT G. 1700 PEPPERIDGE DR ORLANDO FL 32806
TITLE D	KALLAS, GERALD 16240 TAMRYTOWN ROAD BROOKFIELD WI
TITLE D	WOLFANG, LENZ SIEMENSSTRASSE 22 UHINGEN GE
TITLE D	MAKOFCKE, THOMAS 707 POWDER HORN ROW LAKELAND FL
TITLE D	ANDERSON, ALLAN 16620 TAMRYTOWN ROAD BROOKFIELD WI
TITLE	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ROBERT PROCTOR 1700 PEPPERIDGE DR. ORLANDO, FL 32806
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MAKOFCKE, THOMAS 737 POWDER HORN ROW LAKELAND, FL 33809
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: Thomas Makofcke SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____

CR2E034 (10/00)