

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90037 011 ***150.00

DOCUMENT # P01000018284

1. Entity Name

BEC TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business

**1700 PEPPERIDGE DR.
 ORLANDO FL 32806**

Mailing Address

**1700 PEPPERIDGE DR.
 ORLANDO FL 32806**

2. Principal Place of Business

**4713 KENSINGTON PARK BLVD
 Suite, Apt. #, etc.**

3. Mailing Address

**4713 KENSINGTON PARK BLVD
 Suite, Apt. #, etc.**

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3712224

Applied For

Not Applicable

Zip

32189

Country

ORANGE

Zip

32189

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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)

4713 KENSINGTON PARK BLVD

City

ORLANDO

FL

Zip Code

32189

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]

ROBERT G. PROCTOR

01-10-02

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, 2002 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 **CEO / DIRECTOR** ☐ Delete
 NAME **BOB PROCTOR**
 STREET ADDRESS **4713 KENSINGTON PARK BLVD**
 CITY-ST-ZIP **ORLANDO, FL 32189**

TITLE **CFO / DIRECTOR / SECRETARY** ☐ Delete
 NAME **THOMAS F. MAKOFESKE**
 STREET ADDRESS **1737 WETMORE RESERVE BLVD.**
 CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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] **THOMAS F. MAKOFESKE**

1/10/02

407 855 8181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)