

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089650

1. Entity Name

BUILDING ENGINEERING AND CONSULTING, INCORPORATE

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90112 004 ***150.00

Principal Place of Business

Mailing Address

MOUNTAIN DR
111
FL 32541

215 MOUNTAIN DR
SUITE 111
DESTIN FL 32541-2346
US

Principal Place of Business

3. Mailing Address

PO BOX 5799

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DESTIN, FL

4. FEI Number

59-3363571

Applied For

Not Applicable

Zip

Country

Zip

32540

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES E. FELL JR.
15 COURTNEY LANE
CRESTVIEW FL 32539

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2000 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	VP	☐ Delete
NAME	FELL, JAMES E	
STREET ADDRESS	4000 US HWY 98 UNIT 233	
CITY-STATE-ZIP	DESTIN FL 32541	
TITLE	P	☐ Delete
NAME	NAGEL, SEELYE C	
STREET ADDRESS	#14 APPLE JACK LANE	
CITY-STATE-ZIP	TAYLORS SC 29687	
TITLE	S	☐ Delete
NAME	FELL, JAMES E JR	
STREET ADDRESS	#15 COURTNEY LANE	
CITY-STATE-ZIP	CRESTVIEW FL 32539	
TITLE	T	☐ Delete
NAME	FELL, MICHAEL F	
STREET ADDRESS	955 AIRPORT RD #813	
CITY-STATE-ZIP	DESTIN FL 32541	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ 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 empowered.

SIGNATURE:

Michael Fell
MICHAEL FELL

3/21/00

(850)650-2311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)