

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90176 004 ***150.00

DOCUMENT # P95000089650

1. Entity Name

**BUILDING ENGINEERING AND CONSULTING, INCORPORATE
D**

Principal Place of Business

**215 MOUNTAIN DR
SUITE 111
DESTIN FL 32541
US**

Mailing Address

**PO BOX 5799
DESTIN FL 32540
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3363571

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

218 Vinings Way, Unit 206

City

Destin

FL

Zip Code

32541

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **FELL, JAMES E**
CITY-ST-ZIP **187 DURANGO RD**
DESTIN FL 32541

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **30 Moreno Road, Unit 401B**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **NAGEL, SEELYE C**
CITY-ST-ZIP **#14 APPLE JACK LANE**
TAYLORS SC 29687

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **FELL, JAMES E JR**
CITY-ST-ZIP **#15 COURTNEY LANE**
CRESTVIEW FL 32539

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **218 Vinings Way, Unit 206**
CITY-ST-ZIP **Destin, FL 32541**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **FELL, MICHAEL F**
CITY-ST-ZIP **187 DURANGO RD**
DESTIN FL 32541

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **239 Wekiva Cove**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/02

CR2E034 (9/01)