

FILED
Jul 07, 2002 8:00 am
Secretary of State

06-13-2002 90385 021 ***558.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000108580

1. Entity Name

BUILDING ENGINEERING SERVICES, INC.

Principal Place of Business

5820 EDGEWATER DR
ORLANDO FL 32810

Mailing Address

5820 EDGEWATER DR
ORLANDO FL 32810

01830



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2822 Amherst Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO

4. FEI Number

59-3519971

Applied For

Not Applicable

Zip

Country

Zip

Country

32804

Orange

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

JEWELL, BERNDA
8525 FORT THOMAS WAY
5820 EDGEWATER DR
ORLANDO FL 32810

Name

Elvira Schneider

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

2822 Amherst Ave

City

Orlando

FL

Zip Code

32804

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

Elvira Schneider

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

06-28-02

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	P	<input type="checkbox"/> Delete
NAME	SCHNEIDER, BRUCE	
STREET ADDRESS	2822 AMHERST AVE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAME, MICHAEL	
STREET ADDRESS	1001 N CLAYTON ST	
CITY-ST-ZIP	MOUNT-DORA-FL-32757	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JEWELL, BRENDA	
STREET ADDRESS	8525 FT THOMAS WAY	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elvira Schneider	
STREET ADDRESS	2822 Amherst Ave	
CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

BRUCE SCHNEIDER - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-28-02

Date

407-578-1999

Daytime Phone #

CR2E034 (9/01)