

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000050679****1. Entity Name**
BEM TESTERS, INC.**Principal Place of Business**

900 N.W. 13TH STREET

BELLE GLADE
33430

FL

Mailing Address

900 N.W. 13TH STREET

BELLE GLADE
33430

FL

2. Principal Place of Business

125 SUNFLOWER STREET

Suite, Apt. #, etc.

3. Mailing Address

125 SUNFLOWER STREET

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH

FL

Zip
33411

Country

City & State

ROYAL PALM BEACH

FL

Zip
33411

Country

4. FEI Number

65-0924178

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMCCORMICK BRET E
900 N.W. 13TH STREETBELLE GLADE
33430

FL

7. Name and Address of New Registered Agent**Name**

MCCORMICK BRET E

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

125 SUNFLOWER STREET

City

ROYAL PALM BEACH

FL

Zip Code
33411**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)

05/01/2000

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	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33430	<input type="checkbox"/> Delete
		MCCORMICK BRET E	900 N.W. 13TH STREET	BELLE GLADE	FL	33430	<input type="checkbox"/> Delete

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							<input type="checkbox"/> Delete

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							<input type="checkbox"/> Delete

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							<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33411	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		MCCORMICK BRET E	125 SUNFLOWER STREET	ROYAL PALM BEACH	FL	33411	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	P	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33411	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
							<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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							<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 empowered.**SIGNATURE:** Bret E McCormick

B 05/01/2000