

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90248 001 ***150.00

0510104 AV

DOCUMENT # 018085

1. Entity Name
WAUCHULA STATE BANK



Principal Place of Business
**106 EAST MAIN STREET
P.O. BOX 248
WAUCHULA FL 33873**

Mailing Address
**106 EAST MAIN STREET
P.O. BOX 248
WAUCHULA FL 33873**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0500870**

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

**CREWS, J W
129 GRIFFIN ROAD
WAUCHULA FL 33873**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD HANCHEY, ROBERT E.**
STREET ADDRESS **1602 HWY 64 W.**
CITY-ST-ZIP **WAUCHULA FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D CREWS, W. MARK**
STREET ADDRESS **400 BREVARD AVE.**
CITY-ST-ZIP **ARCADIA FL 34266**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **CD CREWS, JR JW**
STREET ADDRESS **129 GRIFFIN ROAD**
CITY-ST-ZIP **WAUCHULA, FL 00000**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD CREWS, H DENNISTON**
STREET ADDRESS **404 VANDERBILT RD**
CITY-ST-ZIP **ASHVILLE NC**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D CREWS ALOIAN, DENA M**
STREET ADDRESS **2530 SIMMS BLVD**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

4/16/03 863-773-4151

Date

Daytime Phone #

CR2E034 (10/02)