

2002 UNIFORM BUSINESS REPORT (UBR)

0451500 AV

DOCUMENT # **655791**

1. Entity Name
BANKERS FINANCIAL SERVICES, INC.

FILED

02 APR 11 AM 9:35

Principal Place of Business
**P.O. BOX 15707
ST. PETERSBURG FL 33733
US**

Mailing Address
**P.O. BOX 15707
ST. PETERSBURG FL 33733
US**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2105921**

Applied For
Not Applicable

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

~~DELANO, G. KRISTIN~~
**360 CENTRAL AVENUE
ST. PETERSBURG FL 33701**

Name **David B. Snyder**

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

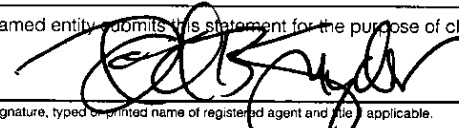
360 Central Ave.

City **St. Petersburg**

FL

Zip Code **33701**

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  **David B. Snyder, Esq.** **3/15/02**
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 **D** ☐ Delete
NAME **MEEHAN, DAVID K**
STREET ADDRESS **360 CENTRAL AVE.**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **AS** ☐ Change ☒ Addition
NAME **Haire, Nancy C.**
STREET ADDRESS **360 Central Ave.**
CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE **TD** ☐ Delete
NAME **HUSSEMAN, EDWIN C**
STREET ADDRESS **360 CENTRAL AVE.**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **AS** ☐ Change ☒ Addition
NAME **Southey, Robert G.**
STREET ADDRESS **360 Central Ave.**
CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE **CD** ☐ Delete
NAME **MENKE, ROBERT M**
STREET ADDRESS **360 CENTRAL AVE.**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **VP, S** ☐ Change ☒ Addition
NAME **Snyder, David B.**
STREET ADDRESS **360 Central Ave.**
CITY-ST-ZIP **St. Petersburg, FL 33701**

TITLE **SD** ☒ Delete
NAME **DELANO, G. KRISTIN**
STREET ADDRESS **360 CENTRAL AVE.**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ Change ☐ Addition
NAME **900005389629--7**
STREET ADDRESS **-04/30/02--01020--001**
CITY-ST-ZIP *****7972.75 ***150.00**

TITLE **PD** ☒ Delete
NAME **MENKE, ROBERT G**
STREET ADDRESS **360 CENTRAL AVE**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

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

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:  **Nancy C. Haire** **3/15/02** **727 823-4000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Assistant Secretary Date Daytime Phone #

CR2E034 (9/01)