

# 2002 UNIFORM BUSINESS REPORT (UBR)

0451358 AV

DOCUMENT # F33530

1. Entity Name  
BANKERS INTERNATIONAL SECURITIES, INC.

FILED

02 APR 11 AM 9:35

Principal Place of Business

BOX 15707  
ST PETERSBURG FL 33733  
US

Mailing Address

BOX 15707  
ST PETERSBURG FL 33733  
US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
700005389667--9  
-04/30/02--01020--001  
\*\*\*2072 25 \*\*\*150 00

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2088756

Applied For  
Not Applicable

Zip Country Zip Country

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

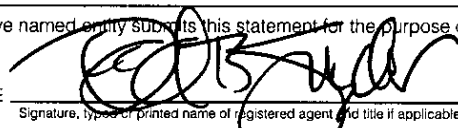
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DELANO, G. KRISTIN~~  
360 CENTRAL AVE  
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 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

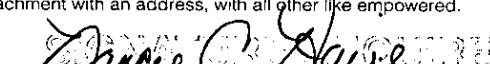
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MENKE, ROBERT M	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, GRAEME H	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HUSSEMAN, EDWIN C	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEEHAN, DAVID K	
STREET ADDRESS	360 CENTRAL AVENUE	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DELANO, G. KRISTIN	
STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	MENKE, ROBERT G	
STREET ADDRESS	360 CENTRAL AVENUE	
CITY-ST-ZIP	ST PETERSBURG FL 33701	

TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Haire, Nancy C.	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	P, CEO, GP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Snyder, David B.	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	<del>D, EVP</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>Swenson, Andrew J.</del>	
STREET ADDRESS	<del>360 Central Ave.</del>	
CITY-ST-ZIP	<del>St. Petersburg, FL 33701</del>	
TITLE	D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pierce, Douglas B.	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	S, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Southey, Robert G.	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cardiff, Stephen P.	
STREET ADDRESS	360 Central Ave.	
CITY-ST-ZIP	St. Petersburg, FL 33701	

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)