

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90364 012 \*\*\*150.00

0284175

**DOCUMENT # F88399**

1. Entity Name  
**THE BANKACT INC.**

*change address*

Principal Place of Business

9603 NW 81ST MANOR  
TAMARAC FL 33321  
US

Mailing Address

9603 NW 81ST MANOR  
TAMARAC FL 33321  
US

816688



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8324 NW 2 MANOR  
Suite, Apt. #, etc.

3. Mailing Address

8324 NW 2 MANOR  
Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS FL

Zip

33071 BROWARD

Zip

33071 BROWARD

4. FEI Number **59-2209704**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

IGOE, DANIEL V  
9603 NW 81ST MANOR  
TAMARAC FL 33321

*change address*

7. Name and Address of New Registered Agent

Name **DANIEL V. IGOE**  
Street Address (P.O. Box Number is Not Acceptable)

8324 NW 2 MANOR  
City **CORAL SPRINGS** FL Zip Code **33071**

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

(NOTE: Registered Agent signature required when reinstating)

3-1-01  
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, 2001 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 **DP** ☐ Delete  
NAME **IGOE, DANIEL V**  
STREET ADDRESS **9603 NW 81ST MANOR**  
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **DANIEL V. IGOE**  
STREET ADDRESS **8324 NW 2 MANOR**  
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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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: *Daniel Igoe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-01 (954) 973-6200  
Date Daytime Phone #

CR2E034 (10/00)