

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000564

1. Entity Name
THE B.N.K. CORPORATION

The B.N.K. Corporation
242 Wilshire Blvd.
Casselberry, FL 32707

Principal Place of Business
238 WILSHIRE BLVD.
SUITE 149
CASSELBERRY FL 32707
US

Mailing Address
238 WILSHIRE BLVD
SUITE 149
CASSELBERRY FL 32707
US

2. Principal Place of Business
1154 Galahad Drive
Suite, Apt. #, etc.

3. Mailing Address
1154 Galahad Drive
Suite, Apt. #, etc.

City & State
Casselberry, Florida
Zip
32707
Country
US

City & State
Casselberry, Florida
Zip
32707
Country
US

4. FEI Number 59-3345448

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

BALORIOLE, ORVILLE
1154 GALAHAD DR
CASSELBERRY FL 32707

Name
Baldridge, Orville
Street Address (P.O. Box Number is Not Acceptable)
1154 Galahad Drive
City
Casselberry FL Zip Code
32707

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP KIEFNER, CHARLES 162 RIVERBEND DR., APT G ALTAMONTE SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTP BALDRIDGE, ORVILLE JR 1154 GALAHAD DR CASSELBERRY FL 32707	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCINTYRE, LEONA 5830 FIRESTONE RD JACKSONVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KOUGH, LAURA M 3128 NICHOLSON DR WINTER PK FL 32292	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/00 407-834-8944
Date Daytime Phone #

FILED
Aug 04, 2000 8:00 am
Secretary of State
08-04-2000 90003 042 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)