

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90356 029 ***158.75

DOCUMENT # F96000000564

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

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

274 WILSHIRE BLVD.
Suite, Apt. #, etc.
245

City & State
CASSELBERRY, FL. 32707

Zip
32707

Country

3. Mailing Address

274 WILSHIRE BLVD.
Suite, Apt. #, etc.
245

City & State
CASSELBERRY, FL.

Zip
32707

Country



DO NOT WRITE IN THIS SPACE

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

BALORIOLE, ORVILLE
1154 GALAHAD DR
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name
DRUIE BALDRIDGE

Street Address (P.O. Box Number is Not Acceptable)
1154 GALAHAD DR.

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 *Orville Baldrige*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/01

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLP/SECRETARY DRUIE BALDRIDGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREASURER LAURA M. KOUGH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIRECTOR MARY LOUISE BALDRIDGE 1154 GALAHAD DR. CASSELBERRY, FL. 32707	<input type="checkbox"/> Change <input checked="" 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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Orville Baldrige 2/28/01

CR2E034 (10/00)