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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10:55

DOCUMENT # **H94903** **(2)**

1. Corporation Name
UNIVERSITY STATE BANK

Principal Place of Business	Mailing Address
C/O MARK A. LOPEZ 2901 E. FOWLER AVENUE TAMPA FL 33612 US	C/O MARK A. LOPEZ 2901 E. FOWLER AVENUE TAMPA FL 33612 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/20/1986	3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-1258960	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LOPEZ, MARK A
1000 S HARBOUR ISLAND BLVD
SUITE 2111
TAMPA FL 33602

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	SIMMON, EDWARD B.	1.2 NAME		
STREET ADDRESS	309 BRENTWOOD DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL	1.4 CITY-ST-ZIP		
TITLE	O	2.1 TITLE		☐ Change ☐ Addition
NAME	LOPEZ, MARK A	2.2 NAME		
STREET ADDRESS	1000 S HARBOUR BLVD #2111	2.3 STREET ADDRESS		
CITY-ST-ZIP	HARBOUR ISLAND FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	STONE, DONALD	3.2 NAME		
STREET ADDRESS	407 BELLE CLAIRE AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL	3.4 CITY-ST-ZIP		
TITLE	O	4.1 TITLE	O	☒ Change ☐ Addition
NAME	LANDIS, ALICE M	4.2 NAME	FLYNN, SUSAN	
STREET ADDRESS	1401 JENMA JO LANE	4.3 STREET ADDRESS	11602 Autumn Gardens Court	
CITY-ST-ZIP	LUTZ FL	4.4 CITY-ST-ZIP	Tampa, FL 33635	
TITLE	O	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HARDMAN, CYNTHIA W	5.2 NAME	Tripolino, Anthony	
STREET ADDRESS	4005 LEVONSHIRE PLACE	5.3 STREET ADDRESS	6814 Money Circle	
CITY-ST-ZIP	VALRICO FL	5.4 CITY-ST-ZIP	Temple Terrace, FL 33617	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	ROQUE, RAUL	6.2 NAME		
STREET ADDRESS	314 INVERNESS DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ January 11, 1995 (813)971-5700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Mark A. Lopez, Officer — Date — (Area Code & Phone #)

0205326 CP

OFFICERS AND DIRECTORS
Continued

7.1 Title	D
7.2 Name	Boyd, Jack H., Jr.
7.3 Street Address	6726 Rivershore Drive
7.4 City-ST-Zip	Tampa, FL 33617

8.1 Title	C/D
8.2 Name	Mazur, Joseph L
8.3 Street Address	5116 Rolling Hill
8.4 City-ST-Zip	Tampa, FL 33617

9.1 Title	X Change
9.2 Name	
9.3 Street Address	
9.4 City-ST-Zip	