## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 13, 2001 8:00 am **DOCUMENT # J24884** Secretary of State L. BANKS REALTY & LEASING, INC. 02-13-2001 90580 049 \*\*\*150.00 Principal Place of Business Mailing Address 360 ORION CT 360 ORION CT COUZUIUI MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2719071 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BANKS, LILLIAN E. Street Address (P.O. Box Number is Not Acceptable) 360 ORION CT **MERRITT ISLAND FL 32953** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 CR2E034 (10/00) TITLE ☐ Delete BANKS, LILLIAN E. NAME NAME STREET ADDRESS STREET ADDRESS **360 ORION COURT** CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL ☐ Change ☐ Delete TITLE ☐ Addition BANKS, RAY C. JR. NAME NAME STREET ADDRESS STREET ADDRESS **360 ORION COURT** CITY-ST-7IP City-ST-7IP MERRITT ISLAND FL Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2iP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-7IP

SIGNING OFFICER OR DIRECTOR

RAY C. BANKS, 8 February 2001