

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90011 020 ***158.75

DOCUMENT # P00000116126

1. Entity Name

BSA FINANCIAL SERVICES, INC.

Principal Place of Business

**120 ST RD 312 W
ST AUGUSTINE FL 32086**

Mailing Address

**120 ST RD 312 W
ST AUGUSTINE FL 32086**

2. Principal Place of Business

120 State Rd 312 W

Suite, Apt. #, etc.

3. Mailing Address

120 State Rd 312 W

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32086

Country

USA

City & State

St. Augustine, FL

Zip

32086

Country

USA

4. FEI Number

59-3709963

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**IGLER & DOUGHERTY, P.A.
1501 PARK AVE E
TALLAHASSEE FL 3230**

7. Name and Address of New Registered Agent

Name

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

City

FL

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)

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 **PD** ☐ Delete
NAME **BELL, HARRY J**
STREET ADDRESS **120 ST RD 312 W**
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE **D** ☐ Delete
NAME **DIMARE, WILLIAM F**
STREET ADDRESS **3545 US 1 S**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **D** ☐ Delete
NAME **GARNER, CHARLES J**
STREET ADDRESS **14 CONTRA DR**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **D** ☐ Delete
NAME **GREEN, HENRY F III**
STREET ADDRESS **24 ST AUGUSTINE BLVD**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **D** ☐ Delete
NAME **PORTER, DWAYNE D**
STREET ADDRESS **120 ST RD 312 W**
CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **D** ☐ Delete
NAME **VERSAGGI, MICHAEL**
STREET ADDRESS **73 VALENCIA ST**
CITY-ST-ZIP **ST AUGUSTINE FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Whetstone, Henry M.**
STREET ADDRESS **282 St. George St**
CITY-ST-ZIP **St. Augustine, FL 32086**

TITLE **VP** ☐ Change ☒ Addition
NAME **Whittington, Linda H.**
STREET ADDRESS **3830 Palm Street**
CITY-ST-ZIP **St. Augustine, FL 32084**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)