

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90134 034 \*\*\*150.00

0012748 AT

**DOCUMENT # P01000113638**

1. Entity Name

**BANG'S MORTGAGE, INC.**

Principal Place of Business

Mailing Address

**6115 49TH AVE N  
ST PETERSBURG FL 33709**

**6115 49TH AVE N  
ST PETERSBURG FL 33709**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**7150 Hidden Acres Way**  
Suite, Apt. #, etc.

**7150 Hidden Acres Way**  
Suite, Apt. #, etc.

**TREASURY ISLAND**

**Treasure Island Florida**

**Seminole Florida**

4. FEI Number

**59-3756387**

Applied For

Not Applicable

Zip  
**33706**

Country  
**U.S.A.**

Zip  
**33772**

Country  
**U.S.A.**

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

**BANG, HELEN S  
6115 49TH AVE N  
ST PETERSBURG FL 33709**

Name  
**LARRY W. BANG**

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

**13001-74th Avenue**

City  
**Seminole**

FL

Zip Code  
**33776**

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 **Helen S. Bang**

**Larry W. Bang**

**3/5/02**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MILLS, DOUGLAS R  
6115 49TH AVE N  
ST PETERSBURG FL 33709** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR - PRESIDENT  
MILLS, DOUGLAS R.  
7150 Hidden Acres Way  
Seminole FL 33772** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BANG, HELEN S  
6115 49TH AVE N  
ST PETERSBURG FL 33709** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR - REGISTERED AGENT  
LARRY W. BANG  
13001-74th Avenue  
Seminole, FL 33776** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ROTH, BRANDON J  
8491 141ST ST N  
SEMINOLE FL 33776** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: **Larry W. Bang**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/02 727-394-2264**

Date

Daytime Phone #

CR2E034 (9/01)

# 2002 UNIFORM BUSINESS REPORT (UBR)

0012748 AT

Attachment  
DOC#P01000113638  
352135

DOCUMENT # P01000113638	
1. Entity Name BANG'S MORTGAGE, INC.	
Principal Place of Business 6115 49TH AVE N ST PETERSBURG FL 33709	Mailing Address 6115 49TH AVE N ST PETERSBURG FL 33709
2. Principal Place of Business 110-107 Avenue Suite, Apt. #, etc.	3. Mailing Address 7150 Hidden Acres Way Suite, Apt. #, etc.
City & State Tampa Island Florida	City & State Seminole Florida
Zip 33706	Zip 33772
Country U.S.A.	Country U.S.A.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BANG, HELEN S 6115 49TH AVE N ST PETERSBURG FL 33709		7. Name and Address of New Registered Agent Name LARRY W. BANG Street Address (P.O. Box Number is Not Acceptable) 13001 74th Avenue City Seminole FL Zip Code 33776	
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 <u>Helen S. Bang</u> <u>Larry W. Bang</u> 3/5/02 <small>Signature, typed or printed name of registered agent and if not applicable (NOTE: If Registered Agent signature required when reinstating) DATE</small>			

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D MILLS, DOUGLAS R 6115 49TH AVE N ST PETERSBURG FL 33709 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR-PRESIDENT MILLS, DOUGLAS R. 7150 Hidden Acres Way Seminole FL 33772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANG, HELEN S 6115 49TH AVE N ST PETERSBURG FL 33709 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR-REGISTERED AGENT LARRY W. BANG 13001 74th Avenue Seminole, FL 33776 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTH, BRANDON J 8491 141ST ST N SEMINOLE FL 33776 <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"/> 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"/> 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"/> Delete	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: Larry W. Bang Doug R Mills 3/5/02 727-394-2264  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)