

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90037 032 ***150.00

DOCUMENT # P14094

1. Entity Name **BANKS LUMBER CO., INC.** Banks Corporation F/K/A

D0049285



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 105 OLD DIXIE HWY.
 PO BOX 2009
 AUBURNDALE FL 33823

Mailing Address
 105 OLD DIXIE HWY.
 PO BOX 2009
 AUBURNDALE FL 33823

2. Principal Place of Business
 105 Dixie Highway
 Suite, Apt. #, etc.
 PO Box 2009

3. Mailing Address
 105 Dixie Highway
 Suite, Apt. #, etc.
 PO Box 2009

City & State
 Auburndale, FL

City & State
 Auburndale, FL

4. FEI Number **35-0994133**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HUGHES, JOHN	
STREET ADDRESS	54693 C.R. 17 SOUTH	
CITY-ST-ZIP	ELKHART IN 46516	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BANKS, WILLIAM	
STREET ADDRESS	54693 CR 17 S.	
CITY-ST-ZIP	ELKHART IN 46516	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BANKS, JOHN	
STREET ADDRESS	54693 CR 17 S.	
CITY-ST-ZIP	ELKHART IN 46516	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, STEPHEN	
STREET ADDRESS	54693 CR 17 S	
CITY-ST-ZIP	ELKHART IN 46516	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WYNNE, CHRISTOPHER	
STREET ADDRESS	54693 CR 17 S	
CITY-ST-ZIP	ELKHART IN 46516	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	426 North Main Street	
CITY-ST-ZIP	Elkhart, IN 46516	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	426 North Main Street	
CITY-ST-ZIP	Elkhart, IN 46516	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	426 North Main Street	
CITY-ST-ZIP	Elkhart, IN 46516	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	426 North Main Street	
CITY-ST-ZIP	Elkhart, IN 46516	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 *Stephen C Brown*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/26/01** (219) 389-5400
 Daytime Phone #

CR2E034 (10/00)