

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90242 016 ***150.00

DOCUMENT # P93000001535

1. Entity Name
TERRY DANIEL BANKS, INC.



Principal Place of Business
**5444 NORTHWEST COMMODORE TERRACE
PORT SAINT LUCIE FL 34983**

Mailing Address
**5444 NORTHWEST COMMODORE TERRACE
PORT SAINT LUCIE FL 34983**



2. Principal Place of Business

c/o Ronald P. GLANTZ
Suite, Apt. #, etc.

3. Mailing Address

c/o Ronald P. GLANTZ
Suite, Apt. #, etc.
7951 SW 6 Street #200

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
Plantation, FL

4. FEI Number **65-0376646**

Applied For
Not Applicable

Zip

Country

Zip

Country

33324

USA

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

**GLANTZ, RONALD P
7951 SW 6TH ST.
SUITE 200
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BANKS, TERRY D**
STREET ADDRESS **2179 SE TRILLO STREET**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **D** ☒ Change ☐ Addition
NAME **Banks, Terry D.**
STREET ADDRESS **5444 Northwest Commodore Terrace**
CITY-ST-ZIP **Port St. Lucie FL 34983**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-03

772-873-2533

CR2E034 (10/02)