

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004758

1. Entity Name

BANK SOURCE, INC.

FILED

Mar 30, 2001 8:00 am  
Secretary of State

03-30-2001 90321 029 \*\*\*150.00

Principal Place of Business

3000 EXECUTIVE ROAD WEST  
WINTER HAVEN FL 33884

Mailing Address

3000 EXECUTIVE ROAD WEST  
WINTER HAVEN FL 33884

2. Principal Place of Business

4709 Crump Road

Suite, Apt. #, etc.

Suite 2

City & State

LAKE HAMILTON, FL

Zip

33851

Country

USA

3. Mailing Address

P.O. Box 1887

Suite, Apt. #, etc.

City & State

Dundee, FL

Zip

33838

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3362298

Applied For

Not Applicable

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

SMITH, CHARLES S  
3000 EXECUTIVE ROAD WEST  
WINTER HAVEN FL 33884

Name

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

4709 Crump Road Ste 2

City

LAKE HAMILTON

FL

Zip Code

33851

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

*Charles S Smith*

Charles S Smith

3-27-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, CHARLES S 3000 EXECUTIVE ROAD WEST WINTER HAVEN FL 33884	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, BLAINE 3000 EXECUTIVE ROAD WEST WINTER HAVEN FL 33884	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, DEE 3000 EXECUTIVE ROAD WEST WINTER HAVEN FL 33884	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4709 Crump Rd, Ste 2 LAKE HAMILTON, FL 33851	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4709 Crump Rd, Ste 2 LAKE HAMILTON, FL 33851	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4709 Crump Rd, Ste 2 LAKE HAMILTON, FL 33851	
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"/> Change <input type="checkbox"/> Addition
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:

*Dee Smith*

Dee Smith

3-27-01

Date

(863) 439-9565

Daytime Phone #

CR2E034 (10/00)