

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000038784**

1. Entity Name

**BANK DRAFTING SYSTEMS OF FLORIDA, INC.****FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90039 039 \*\*\*150.00

Principal Place of Business

Mailing Address

**8741 NW 57TH STREET  
TAMARAC FL 33351****8741 NW 57TH STREET  
TAMARAC FL 33351-4349**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0777016**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PHILLIPS, JANET  
2700 W OAKLAND PARK BLVD  
SUITE 24C  
FT. LAUDERDALE FL 33311**Name **JANET PHILLIPS**  
Street Address (P.O. Box Number Not Acceptable)  
**8741 NW 57TH STREET**  
City **TAMARAC** FL Zip Code **33351**

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)

**April 7, 2000**9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and effects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00 --**  
**After MAY 1, 2000 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	<b>P/D</b>	<input type="checkbox"/> Delete
NAME	<b>PHILLIPS, JANET</b>	
STREET ADDRESS	<b>920 S.W. 118TH TERRACE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RODGERS, KENNETH</b>	
STREET ADDRESS	<b>920 S.W. 118TH TERRACE</b>	
CITY-ST-ZIP	<b>DAVIE FL 33325</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Delete
NAME	<b>M. LINDA BLUM</b>	
STREET ADDRESS	<b>7914 NW 1ST STREET</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANET PHILLIPS, PRESIDENT****4/7/2000**

Date

**800-739-1733**

Daytime Phone #

CR2E034 (9/99)