

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90214 038 ***150.00

DOCUMENT # P96000084343

1. Entity Name
WILBANKS & ASSOCIATES, INC.



Principal Place of Business
**100 SECOND AVE SOUTH
STE 300 NORTH
ST PETERSBURG, FL 33701**

Mailing Address
**100 SECOND AVE SOUTH
STE 300 NORTH
ST PETERSBURG, FL 33701**

11034113

2. Principal Place of Business
700 CENTRAL AVE

3. Mailing Address
700 CENTRAL AVE

Suite, Apt. #, etc.
SUITE 300

Suite, Apt. #, etc.
SUITE 300

City & State
ST PETERSBURG FL

City & State
ST PETERSBURG FL

Zip
33701

Country
USA

Zip
33701

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3252054

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WILBANKS, DAVID H
100 SECOND AVE SOUTH
STE 300 NORTH
ST PETERSBURG, FL 33701**

7. Name and Address of ~~Time~~ Registered Agent

Name
WILBANKS, DAVID H.
Street Address (P.O. Box Number is Not Acceptable)
700 CENTRAL AVENUE SUITE 300
City
ST PETERSBURG FL Zip Code
33701

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 *David H. Wilbanks*

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

(NOTE: Registered Agent signature required when resigning)

4/29/03

DATE

FILE NOW!!! FEE IS \$150.00
AFTER MAY 1, 2003 Fee will be \$650.00
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
P
NAME
WILBANKS, DAVID H
STREET ADDRESS
400 SECOND AVE SOUTH SUITE 300N
CITY-ST-ZIP
ST PETERSBURG, FL 33701

TITLE
☐ Change ☐ Addition
NAME
700 CENTRAL AVENUE, SUITE 300
STREET ADDRESS
700 CENTRAL AVENUE, SUITE 300
CITY-ST-ZIP
700 CENTRAL AVENUE, SUITE 300

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

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: *David H. Wilbanks* **David H. WILBANKS** **4/29/03** **727-803-1135**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Case

Daytime Phone #

CR2E034 (10/02)