

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000060324

1. Entity Name
Banks Financial Services Corporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 APR 27 AM 11:38

Principal Place of Business
111 S. MacDill Ave
Tampa, FL 33609

Mailing Address
Post Office Box 22012
Tampa, FL 33622-2012

2. Principal Place of Business
111 South MacDill Ave
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 22012
Suite, Apt. #, etc.

City & State
Tampa, Florida 33609

City & State
Tampa, Florida 33622

Zip
33609

Country
USA

Zip
33622

Country
USA

05-16-99 90019 040 \$150.00
DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1999-435-000-000

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Patricia M. Banks
18705 Chemille Drive
Lutz, Florida 33549-2818

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
7000003237647-0
-05/03/00 F101105005
****150.00 ****150.00

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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Patricia M. Banks, President 111 S. MacDill Avenue Tampa, Florida 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Patricia M. Banks, President 111 S. MacDill Avenue Tampa, Florida 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____ _____ _____
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete _____ _____ _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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: *Patricia Banks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 2, 2000 813-948-182
Date Daytime Phone #

CR2E034 (9/99)

To: corphelp@mail.dos.state.fl.us

Please note that I am now resending another requested letter along with appropriate paperwork for completion of my reinstatement procedures.

This should never have initially occurred, and it is a major problem now that my husband died suddenly April 6th, so his brother tried taking over the now insolvent Banks Financial Corporation ('98) based on invalidly deemed papers.

PLEASE make sure this is processed immediately, I send the original renewal fee on time, and then subsequent follow-ups as he is trying to claim that my company is defunct, which was not intended, after I reinstated both names.

Only I am authorized by The Department of Banking & Finance's Comptroller to operate under these companies. Therefore, your cooperation is vitally important at this point as for straightening it all out this upcoming week!

(813) 948-1812 & (518) 527-9233 Thank You Very Much, Patricia M. Banks

Patricia M. Banks



ROBERT F. MILLIGAN
COMPTROLLER OF FLORIDA

OFFICE OF COMPTROLLER
DEPARTMENT OF BANKING AND FINANCE
STATE OF FLORIDA
TALLAHASSEE
32399-0350

February 16, 1998

Ms. Patricia M. Banks
Banks Mortgage Company, Inc.
111 South MacDill Avenue
Tampa, FL 33609

Dear Ms. Banks:

Re: "Banks Mortgage Company, Inc."
"Banks Financial Corporation"

Thank you for your recent letter/fax requesting approval for use of the above-referenced name. It is the opinion of this Department that your name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Department does not object to your use of the above-referenced name being registered as a foreign corporation in the State of Florida.

Sincerely,

A handwritten signature in black ink, appearing to read "Wm. Douglas Johnson", is written over a horizontal line.

Wm. Douglas Johnson
Assistant Director
Division of Banking
101 East Gaines Street
The Fletcher Building - Sixth Floor
Tallahassee, FL 32399-0350
(850) 488-1111

:kr

cc: Karon Beyer, Chief
Bureau of Corporate Records
Division of Corporations
Secretary of State's Office