

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90934 001 ***272.50

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DOCUMENT # P98000060324
1. Entity Name
BANKS FINANCIAL SERVICES CORPORATION

Principal Place of Business **Mailing Address**
111 SOUTH MACDILL AVENUE **POST OFFICE BOX 22012**
TAMPA FL 33609 **TAMPA FL 33622**

2. Principal Place of Business **3. Mailing Address**
18705 Chemille Dr. **P.O. Box 22012**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
LUTZ, FL **TAMPA, FL**
Zip **Country** **Zip** **Country**
33558 **USA** **33622** **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BANKS, PATRICIA
18705 CHEMILLE DRIVE
LUTZ FL 33558

4. FEI Number **Applied For**
59-1999435 Not Applicable

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

7. Name and Address of New Registered Agent
 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.
 SIGNATURE *Patricia Banks* **PATRICIA BANKS** **4/5/02**
Signature typed or printed name of registered agent, and date 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. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After May 1, 2002 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
P	BANKS, PATRICIA M	111 S. MACDILL AVENUE 18705 Chemille Drive	TAMPA FL 33609 LUTZ, FL 33558	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		Address CHANGE PLEASE			<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 life empowered.

SIGNATURE: *Patricia M Banks* **4/5/02** **813-949-5554**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)