

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90007 012 ***150.00

DOCUMENT # **P99000069533**

1. Entity Name

Bancors Corp



DO NOT WRITE IN THIS SPACE

44048839

2. Principal Place of Business

4917 S.W. 13TH AVE

3. Mailing Address

4917 S.W. 13TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL FL.

City & State

CAPE CORAL FL.

4. FEI Number

65-0939914

Applied For

Not Applicable

Zip

33914

Country

Zip

33914

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Tom PIATKOWSKI

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

4917 SW 13TH AVE

City

CAPE CORAL

FL

Zip Code

33914

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PS.
DAVID LUCIAVI
25711 INLETWAY CT.
BONITA SPRINGS FL. 34135**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VT
TOM PIATKOWSKI
4917 SW 13TH AVE
CAPE CORAL, FL 33914**

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

T.A. PIATKOWSKI 7-10-04 239-334-2336

CR2E034B (12/02)