

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90735 044 ***150.00

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DOCUMENT # S37786

1. Entity Name
BANKSTON DEVELOPMENT GROUP, INC.



Principal Place of Business
**5929 ANNO AVE.
ORLANDO FL 32809
US**

Mailing Address
**P.O BOX 536785
ORLANDO FL 32853-6785
US**



2. Principal Place of Business
**1321 Edgewater Drive
Suite, Apt. #, etc.
Suite 6**

3. Mailing Address

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State

4. FEI Number
59-3053052

Applied For
☐ Not Applicable

Zip Country
32804 US

Zip Country

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

6. Name and Address of Current Registered Agent

**BANKSTON, J. W.
5929 ANNO AVE
ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name
BANKSTON, JAMES W.
Street Address (P.O. Box Number is Not Acceptable)
**1321 Edgewater Drive
Suite 6
Orlando, FL Zip Code 32804**

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

James W. Bankston

James W. Bankston

4/11/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P BANKSTON, JAMES W. 5929 ANNO AVE ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BANKSTON, CHESTER W. 5929 ANNO AVE ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BANKSTON, ALWILDA S. 5929 ANNO AVE ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1321 Edgewater Drive, Suite 6 Orlando, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1321 Edgewater Drive, Suite 6 Orlando, FL 32804
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

James W. Bankston

James W. Bankston

4/11/03

407-650-8802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)