

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F96000000469

1. Entity Name
BRISTOL MANAGEMENT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 23 AM 8:00

Principal Place of Business
1654 S LONE ELM
200
OLATHE KS 66061
US

Mailing Address
1654 S LONE ELM
200
OLATHE KS 66061
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 48-1165736

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

900023521379
10/02/03--01084--003 **750.00

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. I am familiar with, and accept the obligations of registered agent.

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

James A. Bordonaro
Assistant Secretary

(NOTE: Registered Agent Signature Required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 DV
NAME LARSON, WILLIAM J
STREET ADDRESS 1654 S LONE ELM
CITY-ST-ZIP OLATHE KS 66061 ☐ Delete

TITLE D/P
NAME William J. Larson ☒ Change ☐ Addition
STREET ADDRESS 669 Peachy Canyon Cir.
CITY-ST-ZIP Las Vegas, NV 89144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE S
NAME Linda Rawls ☐ Change ☒ Addition
STREET ADDRESS P.O. Box 63
CITY-ST-ZIP Cape Fair, MO 65624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D/T
NAME Delinda L Larson ☐ Change ☒ Addition
STREET ADDRESS 669 Peachy Canyon Cir.
CITY-ST-ZIP Las Vegas, NV 89144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V
NAME Robert Williams ☐ Change ☒ Addition
STREET ADDRESS 7200 NW Autump
CITY-ST-ZIP Kansas City, MO 64152

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE V
NAME Harry Hooker ☐ Change ☒ Addition
STREET ADDRESS 38690 Reo Court
CITY-ST-ZIP Livonia, MI 48154

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/27/03 913 397 7550 Daytime Phone #

CR2E034 (4/03)