

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001581

1. Entity Name
BH MANAGEMENT SERVICES, INC.



FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90150 035 ***550.00

0149940 MB

Principal Place of Business
400 LOCUST ST. SUITE 690
DES MOINES IA 50309

Mailing Address
400 LOCUST ST. SUITE 690
DES MOINES IA 50309



2. Principal Place of Business
400 Locust St, Suite 790

Suite, Apt. #, etc.
Des Moines, IA

City & State

50309

Zip

Country

3. Mailing Address
400 Locust St, Suite 790

Suite, Apt. #, etc.
Des Moines, IA

City & State

50309

Zip

Country

4. FEI Number 42-1408338

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SKINNER, DAVID
6990 NW 86TH ST
MIAMI FL 33015

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. 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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CT
BOOKEY, HARRY
400 LOCUST ST, SUITE 690
DES MOINES IA 50309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LYONS, LAURIE
1450 COPPER SPUR
BOND CO 80423 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-03

Date

585-224-2622

Daytime Phone #

CR2E034 (4/03)