

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001452

1. Entity Name
BRISTOL INVESTMENT GROUP LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 14 AM 10:02

Principal Place of Business
6700 NORTH ANDREWS AVENUE, SUITE 401
FORT LAUDERDALE FL 33309

Mailing Address
6700 NORTH ANDREWS AVENUE, SUITE 401
FORT LAUDERDALE FL 33309-2165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
24301 Paxline Rd
Suite, Apt. #, etc.
Ste. 304
City & State
Boca Raton FL
Zip
33433
Country
Palm Beach

3. Mailing Address
Same as 2.
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
65-0901340
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DENTON, ROBERT
6700 NORTH ANDREWS AVENUE, SUITE 401
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent
Name
Cory B. Nass
Street Address (P.O. Box Number is Not Acceptable)
1801 Clint Moore Rd
Ste 100
City
Boca Raton FL Zip Code
33487

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
Signature, typed or printed name of registered agent and title if applicable.
Cory B. Nass
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	OCEANCREST MERCHANT GROUP, INC.	6700 NORTH ANDREWS AVENUE, SUITE 401	FORT LAUDERDALE FL 33309	<input type="checkbox"/>
MGR	ASHWORTH TRANSPORTATION, INC.	10228 N.E. 63RD DRIVE	PARKLAND FL 33076	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Robert Denton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
5/4/00
Date
(561) 581-9000
Daytime Phone #

CR2E083 (9/99)