

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90812 001 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000000497

1. Entity Name
BRISTOW ELECTRONICS, INC.



Principal Place of Business Mailing Address
819 S WALNUT ST 819 S WALNUT ST
STARKE, FL 32091 STARKE, FL 32091

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3615684** 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

BRISTOW, THEODORE A
819 S WALNUT ST
STARKE, FL 32091

Name **DONALD L. DRUMMOND, JEA**
Street Address (P.O. Box Number is Not Acceptable)
103 EDWARDS ROAD
City **STARKE** FL Zip Code **32091**

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]*
Signature of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE **4-28-03**

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

TITLE PD ☒ Delete
NAME BRISTOW, THEODORE A
STREET ADDRESS 5426 NW 31ST TERRACE
CITY-STATE-ZIP GAINESVILLE, FL 32653

TITLE VD ☒ Delete
NAME BRISTOW, CAROLYN L
STREET ADDRESS 5426 NW 31ST TERRACE
CITY-STATE-ZIP GAINESVILLE, FL 32653

TITLE ☐ Delete
NAME GRYB, Eugene PD
STREET ADDRESS 610 SW 86 TERRACE
CITY-STATE-ZIP GAINESVILLE, FL 32607

TITLE VD ☐ Delete
NAME GRYB, Althea
STREET ADDRESS 610 SW 86 TERRACE
CITY-STATE-ZIP GAINESVILLE, FL 32607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

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

DATE **4-29-03** DAYTIME PHONE # **1964-4343**

CR2E034 (10/02)