

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000079918

1. Entity Name

BRISTOL SERVICES, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90088 004 \*\*\*150.00

Principal Place of Business

5624 MALT DRIVE  
UNIT #4  
FORT MYERS FL 33907  
US

Mailing Address

5624 MALT DRIVE  
UNIT #4  
FORT MYERS FL 33907-5807  
US

2. Principal Place of Business  
2443 Kent Avenue

3. Mailing Address  
2443 Kent Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

4. FEI Number

65-0453967

Applied For

Not Applicable

Zip

33907

Country

USA

Zip

33907

Country

USA

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

MORROW, ROBERT G  
5624 MALT DRIVE  
UNIT #4  
FORT MYERS FL 33907

Name

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

2443 Kent Avenue

City

Fort Myers

FL

Zip Code

33907

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME DP  
STREET ADDRESS MORROW, ROBERT G.  
CITY-ST-ZIP 5624 MALT DRIVE, UNIT #4  
FORT MYERS FL 33907

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2443 Kent Avenue  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME V  
STREET ADDRESS PFLUEGGER, LUKE L  
CITY-ST-ZIP 5624 MALT DRIVE, UNIT #4  
FORT MYERS FL 33907

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with an officer or trustee empowered.

SIGNATURE:

*Robert G. Morrow* Robert G. Morrow 4-28-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2004 1000