

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000030482**

1. Entity Name  
**BRISTOL INT'L, INC.**

Principal Place of Business  
**1682 PENMAN RD**  
**JACKSONVILLE FL 32250 US**

Mailing Address  
**PO BOX 51303**  
**JACKSONVILLE FL 322401303 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

**FILED**  
**Apr 25, 2000 08:00 AM**  
**Secretary of State**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3380442**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NOE WILLIAM GJR.**  
**599 ATLANTIC BLVD., SUITE 6**  
**ATLANTIC BEACH FL 32233 US**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**04/25/2000**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PSTD**  
**BELL PATRICK B**  
**2118 SOFTWIND TRAIL**  
**JACKSONVILLE FL 32224**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PSTD**  
**BELL PATRICK B**  
**322 SIXTH STREET**  
**ATLANTIC BEACH FL 32233**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: PATRICK B. BELL

DATE: 04/25/2000