

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90013 044 ***150.00

DOCUMENT # **P97000059250**

1. Entity Name

Bristol Park Ventures, Inc. ✓

Principal Place of Business

Mailing Address

c/o

**SOUTH BROWARD ACCOUNTING SERVICE, INC.
 7777 N. DAVIE ROAD EXT., SUITE 102B
 HOLLYWOOD, FL 33024**

AVU44707

2. Principal Place of Business

2975 NW 99 AVE

3. Mailing Address

Suite, Apt. #, etc.

SOUTH BROWARD ACCOUNTING SERVICE, INC.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**7777 N. DAVIE ROAD EXT. SUITE 102B
 HOLLYWOOD, FL 33024**

City & State

DAVIE FL

City

HOLLYWOOD, FL 33024

4. FEI Number

65-0769912

Applied For

Not Applicable

Zip

Country

33065

USA

Zip

Country

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

**DEBRA SIGNORE-SAVAGE
 2560 NW 102 DR
 DAVIE FL 33324**

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)

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, 2001 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 **POST** ☐ Delete
 NAME **DEBRA SIGNORE SAVAGE**
 STREET ADDRESS **2560 NW 102 DR**
 CITY-ST-ZIP **DAVIE FL 33324**

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

TITLE ☐ Delete
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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/01 954-232-9994

CR2E034 (11/00)