FILED

Apr 18, 2003 8:00 am Secretary of State

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2003 FOR PROFIT CORPORATION

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UNIFORM BUSINESS REPORT (UBR)



SUL	LY (BRO	JP,	INC.

1. Entity Name

Principal Place of Business Mailing Address 601 SHERWOOD OAKS CIRCLE 601 SHERWOOD OAKS CIRCLE OCOEE FL 34761 OCCIE FL 34761 2. Principal Place of Business Box 681117 2676 Florence St CHECK HERE IF MAKING CHANGES City & State Applied For 4. FEI Number 59-3535384 ando Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired_____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HART, JANET M 601 SHERWOOD OAKS CIRCLE Plosence OCOEE FL 34761 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, typed or printed same of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) --FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete TITLE ☐ Addition TITLE land M Hart (Dir) HART, JANET M NAME NAME PAL96 Florence St 601 SHERWOOD OAKS CIRCLE STREET ADDRESS STREET ADDRESS OCOEE FL 34761 CITY-ST-ZIP Orlando FL 32818 CITY-ST-7IP Ronald L Sullivan Dir ☐ Delete TITLE ☐ Addition TITLE SULLIVAN, RONALD L NAME NAME 2676 Florence St STREET ADDRESS STREET ADDRESS 601 SHERWOOD OAKS CIRCLE Orlando CITY-ST-ZIP OCOEE FL 34761 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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.

Janet M Hart

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