

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90096 035 ***158.75

DOCUMENT # P99000017390

1. Entity Name

SULLIVAN LONG ASSOCIATES PEST CONTROL, INC.

Principal Place of Business

Mailing Address

22925 OLD INLET BRIDGE DRIVE
 BOCA RATON FL 33433

22925 OLD INLET BRIDGE DRIVE
 BOCA RATON FL 33433-6205

2. Principal Place of Business

3. Mailing Address

P.O. Box 810336

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Boca Raton, Florida

4. FEI Number

65-0905166

Applied For

Not Applicable

Zip

Country

Zip

Country

33481

USA

5.- Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONG, WILLIAM
 22925 OLD INLET BRIDGE DRIVE
 BOCA RATON FL 33433

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, 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 **D LONG, WILLIAM**
 STREET ADDRESS **22925 OLD INLET BRIDGE DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE Change Addition
 NAME **V/S/D Long, William**
 STREET ADDRESS **22925 Old Inlet Bridge Drive**
 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **P Joy Sullivan Long**
 STREET ADDRESS **22925 Old Inlet Bridge Drive**
 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **T Steven Long I**
 STREET ADDRESS **9360-B S.W. 61st Way**
 CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **M Sullivan, Timothy**
 STREET ADDRESS **937 S.E. 12th Way**
 CITY-ST-ZIP **Deerfield Beach, FL 33441**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Long

2/15/2000

Date

(561) 451-1957

Daytime Phone #

CR2E034 (9/99)