

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90055 037 ***150.00

DOCUMENT # G16196

1. Entity Name

SULLIVAN ELECTRIC & PUMP, INC.

Principal Place of Business

2115 7TH AVENUE NORTH
 LAKE WORTH FL 33461
 US

Mailing Address

2115 7TH AVENUE NORTH
 LAKE WORTH FL 33461-3810
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2242421**

Applied For
 Not Applicable

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

SULLIVAN, GARY T.
2115 7TH AVE NORTH
LAKE WORTH FL 33461

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 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PT SULLIVAN, GARY THOMAS**
 STREET ADDRESS **8810 NAUTICAL WAY**
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE ☒ Change ☐
 NAME
 STREET ADDRESS **2115 7th Ave. North**
 CITY-ST-ZIP **Lake Worth, FL 33461**

TITLE ☐ Delete
 NAME **EVP SULLIVAN JR., MATHEW R.**
 STREET ADDRESS **8144-C BRIDGEQUARTER COURT**
 CITY-ST-ZIP **LAKE CLARKE SHORES FL 33406**

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

TITLE ☐ Delete
 NAME **S WESSELS, TAMARA M**
 STREET ADDRESS **3898 CAROLINA DR**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐
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 CITY-ST-ZIP

TITLE ☐ Change ☐
 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 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 #

GARY T. Sullivan

1-31-00

561-588-5