FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 24, 2003 8:00 am **Secretary of State** G16196 DOCUMENT # 1. Entity Name 01-24-2003 90099 019 ***150.00 SULLIVAN ELECTRIC & PUMP, INC. Principal Place of Business Mailing Address **JUUUUUU** 2115 7TH AVENUE NORTH 2115 7TH AVENUE NORTH LAKE WORTH FL 33461 LAKE WORTH FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2242421 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SULLIVAN, GARY T. Street Address (P.O. Box Number is Not Acceptable) 2115 7TH AVE NORTH LAKE WORTH FL 33461 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition Delete TITLE SULLIVAN, GARY THOMAS NAME NAME 8142-B BRIDGEWATER COURT STREET ADDRESS STREET ADDRESS LAKE CLARKE SHORES FL 33406 CITY-ST-ZIP CITY-ST-ZIP TITLE **FVP** ☐ Delete TITLE ☐ Change ☐ Addition NAME SULLIVAN JR., MATHEW R. NAME 8144-C BRIDGEQUARTER COURT STREET ADDRESS STREET ADDRESS LAKE CLARKE SHORES FL 33406 CITY-ST-ZIP CITY-ST-ZIP TITLE S -☐ · Delete · TITLE **Change** ☐ Addition 6810 Lantern Key Drive NAME SPEAKS, TAMARA STREET ADDRESS 3898-CAROLINA DR STREET ADDRESS Lake Worth, FL 33463 CITY-ST-ZIP CITY-ST-ZIP lake worth fl 33461 TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change Addition ... Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS

STREET ADDRESS

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 his 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 improvered.

CITY-ST-ZIP