

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90220 043 ***150.00

NOTED
AV

DOCUMENT # H87583

1. Entity Name
G & L PROFESSIONAL OFFICE SUPPLY, INC.



Principal Place of Business
**2814 NW 6 STREET
P.O. BOX 1153
GAINESVILLE FL 32609**

Mailing Address
**2814 NW 6 STREET
P.O. BOX 1153
GAINESVILLE FL 32609
US**

2. Principal Place of Business
220-A N. Main Street
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.
PO Box 1153

City & State
Cheifland, Florida
Zip
32626 Country
Levy

City & State
Gainesville, Florida
Zip
32602 Country
Alachua



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2605495** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SULLIVAN, LONNIE G.
3921 W. UNIVERSITY AVE.
GAINESVILLE FL 32607**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Julia A Sullivan*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **VPS** ☐ Delete
NAME **SULLIVAN, LONNIE G.**
STREET ADDRESS **3921 W. UNIVERSITY AVE.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **PT** ☐ Delete
NAME **SULLIVAN, JULIA**
STREET ADDRESS **3921 W. UNIVERSITY AVE.**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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.

SIGNATURE: *Julia A Sullivan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/03 **352-372-3411**
Date Daytime Phone #

CR2E034 (10/02)