

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90160 046 ***150.00

DOCUMENT # J37676

1. Entity Name
SULLIVAN & ASSOCIATES OF CENTRAL FLORIDA, INC.

Principal Place of Business

1009 N. 14 ST
LEESBURG FL 34748
US

Mailing Address

PO BOX 836
FRUIT LAND PARK FL 34731
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1009 N 14th ST

Suite, Apt. #, etc.

City & State

LEESBURG, FL

Zip

34748

Country

LAKE

4. FEI Number 59-2722815

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, TIMOTHY I.
1080 FLAGLER AVE
LEESBURG FL 34748

Name
SULLIVAN, TIMOTHY I.
Street Address (P.O. Box Number is Not Acceptable)

1009 N. 14th ST

City LEESBURG

FL Zip Code 34748

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 *Timothy I. Sullivan*
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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
SULLIVAN, MARY T.
1521 PARK AVE
LEESBURG FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SULLIVAN, TIMOTHY I.
1521 PARK AVE
LEESBURG FL ☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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: *Timothy I. Sullivan* TIMOTHY I. SULLIVAN, PRES 4-16-01 (352) 728-3602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)