

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90054 049 ***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

1521 PARK DR.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 490245

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LEESBURG, FL

Zip
34748

Country
USA

City & State
LEESBURG, FL

Zip
34749-0245

Country
USA

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

SULLIVAN, TIMOTHY I.
1009 N 14 ST
LEESBURG FL 34748

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.

SIGNATURE

Mary T Sullivan Secy Treas.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-2302

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **STD** ☐ **Delete**
NAME **SULLIVAN, MARY T.**
STREET ADDRESS **1521 PARK AVE DR**
CITY-ST-ZIP **LEESBURG FL**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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

TITLE ☐ **Change** ☐ **Addition**
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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:

Mary T Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2302

Date

352-728-3602

Daytime Phone #

CR2E034 (9/01)