04-15-2003 90118 026 ***150.00

Apr 15, 2003 8:00 am Secretary of State

2003	FOR	PROFIT	CORPORAT	FION
JNIFO	RM B	USINESS	REPORT	(UBR)

DOCUMENT #

L64676 1. Entity Name



Principal Place of Business 2471 PORT WEST BLVD DIVIEDA DEACH EL 22407

SULLIVAN BROS., INC.

Mailing Address 2471 PORT WEST BLVD DIVIERA REACH EL 33407

US	101	US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State	i e	City & State		4FEI Number
Zip	Country	Zip	Country	5. Certificate o
6. N	ame and Address of Cur	rent Registered Agent	L	7. Name and
			Name	:



CHECK HERE IF MAKING CHANGES

Applied For 65-0223151 Not Applicable

> \$8.75 Additional Fee Required

SULLIVAN, SEAN

330 S.E. 13 AVENUE: POMPANO BEACH FL 33060

Street Address (P.O. Box Number is Not Acceptable)	

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

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)

DATE

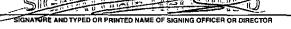
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10, 😃 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition SULLIVAN, SEAN NAME NAME 330 SOUTHEAST 13TH AVE. STREET ADDRESS STREET ADDRESS POMPANO BEACH FL CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME SULLIVAN, JASON J. NAME 330 SOUTHEAST, 13TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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



Daytime Phone #