

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-13-2003 90202 005 \*\*\*150.00

**DOCUMENT # L78840**

1. Entity Name  
**WENDY SULLIVAN PROFESSIONAL ASSOCIATION**



Principal Place of Business  
**MM 22.8 US #1  
CUDJOE KEY FL 33042  
US**

Mailing Address  
**P.O. BOX 420428  
SUMMERLAND KEY FL 33042  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0203527**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GREENMAN, FRANKLIN D.  
5800 OVERSEAS HIGHWAY  
SUITE 40  
MARATHON FL 33050**

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 *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE **2/11/03**

**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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D SULLIVAN, WENDY**  
STREET ADDRESS **E. CARIBBEAN DR. BOX 428**  
CITY-ST-ZIP **SUMMERLAND KEY FL**

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

TITLE ☒ Delete  
NAME **D HOUSHEL, TAMRA**  
STREET ADDRESS **5 EMERALD DR**  
CITY-ST-ZIP **KEY WEST FL 33045**

☐ Change ☒ Addition  
TITLE **Director**  
NAME **Jutta Stack**  
STREET ADDRESS **PO Box 420428**  
CITY-ST-ZIP **Summerland Key, FL 33042**

TITLE ☐ Delete  
NAME **D VAN ARKEL, IDA**  
STREET ADDRESS **P.O. BOX 45**  
CITY-ST-ZIP **ST JAMES MI 49782**

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

TITLE ☐ Delete  
NAME **D LABAUO, AARON**  
STREET ADDRESS **PO BOX 6001**  
CITY-ST-ZIP **KEY WEST FL 33041**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition  
TITLE **Director**  
NAME **Patricia Knuth**  
STREET ADDRESS **PO Box 1014**  
CITY-ST-ZIP **Summerland Key, FL 33042**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
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 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:

*[Signature]* **2/14/03 305-822-5001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)