

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90679 012 ***550.00

DOCUMENT # M67708

1. Entity Name
SULLIVAN GENERAL CONTRACTORS INC.

Principal Place of Business

RT 2 BOX 6100
 LEE FL 32059
 US

Mailing Address

POST OFFICE BOX 488
 MADISON FL 32340
 US

2. Principal Place of Business

4620 SE CR 255

3. Mailing Address

4620 SE CR 255

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lee, FL.

Lee, FL

City & State

City & State

Zip 32059

Country USA

Zip 32059

Country USA

4. FEI Number

59-2869804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, WESLEY M
 RT 2 BOX 6100
 LEE FL 32059

ADDRESS
 CHANGE

7. Name and Address of New Registered Agent

Name

Wesley M Sullivan

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

4620 SE CR 255

City

Lee

FL

Zip Code

32059

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

Wesley M Sullivan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-16-02

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME DPT
 STREET ADDRESS SULLIVAN, WESLEY
 CITY-ST-ZIP ROUTE 1, BOX 480 N/A 4620 SE CR 255
 LEE FL 32059

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 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
 NAME
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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:

Wesley M Sullivan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/16/02 850-971-5175
 Date Daytime Phone #

CR2E034 (9/01)