

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P0000038246**

1. Entity Name

Sullivan Regulatory Consultants, Inc.

Principal Place of Business

Mailing Address

**4124 Red Cedar Ct.
Tallahassee, FL 32311**

**4124 Red Cedar Ct.
Tallahassee, FL 32311**

2. Principal Place of Business

4124 Red Cedar Ct.

3. Mailing Address

4124 Red Cedar Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32311

Country

USA

Zip

32311

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

FILED

01 SEP 20 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200004610652--0

-09/25/01--01083--003

******150.00 ****150.00**

6. Name and Address of Current Registered Agent

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 **Anthony K. Sullivan**

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

(NOTE: Registered Agent signature required when reinstating)

9-19-01

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

☐ Delete

**President
Anthony K. Sullivan
4124 Red Cedar Court
Tallahassee, FL 32311**

☐ Delete

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

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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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: **Anthony K. Sullivan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-19-01

Date

850-402-0247

Daytime Phone #

CR2E034 (11/00)

9-19-01

208

Dept. of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Annual Report Fee

Dear Dept. of State:

I've been on travel for the last year tremendously.
Many items haven't be delivered properly to my
home address. I do not remember receiving notices
from your Department back in January or May, 2001.

Enclosed is a check for \$150.00 for this year
filing fee. Please accept this amount and I
am sure not to be late again.

Sincerely,

Anthony Z. Sullivan
425-231206