

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State
 02-25-2002 90002 030 ***150.00

DOCUMENT # P00000072909

1. Entity Name
DAN SULLIVAN AND ASSOCIATES, INC.

Principal Place of Business **Mailing Address**
1800 IRONWOOD CT W **1800 IRONWOOD CT W**
OLDSMAR FL 34677 **OLDSMAR FL 34677**

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **59-3663834** **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SULLIVAN, ALLYSON R
1800 IRONWOOD CT W
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name **Dan Sullivan**
Street Address (P.O. Box Number is Not Acceptable) **1800 Ironwood Court west**
City **Oldsmar** **FL** **Zip Code** **34677**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/09/02**

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **SULLIVAN, ALLYSON R**
STREET ADDRESS **1800 IRONWOOD CT W**
CITY-ST-ZIP **OLDSMAR FL 34677**

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

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President, Director** ☐ **Change** ☒ **Addition**
NAME **Dan Sullivan**
STREET ADDRESS **1800 Ironwood Court west**
CITY-ST-ZIP **Oldsmar FL 34677**

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

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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: *Dan Sullivan* **Dan Sullivan**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)