

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90035 004 \*\*\*150.00

001064

**DOCUMENT # P00000103856**

1. Entity Name  
**SULLIVAN SERVICES, INC.**

Principal Place of Business  
**RT 3 BOX 1861  
 PALATKA FL 32177**

Mailing Address  
**RT 3 BOX 1861  
 PALATKA FL 32177**

2. Principal Place of Business  
**130 GRASSY LN**  
 Suite, Apt. #, etc.

3. Mailing Address  
~~500~~ **130 GRASSY LN**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Palatka**

City & State  
**FL**

4. FEI Number  
**(61W) 59-3682-120**

Applied For  
 Not Applicable

Zip  
**32177**

Country  
**Putnam**

Zip  
**32177**

Country

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

**6. Name and Address of Current Registered Agent**

**SULLIVAN, JAMES E  
 RT 3 BOX 1861  
 PALATKA FL 32177**

**7. Name and Address of New Registered Agent**

Name  
~~Sullivan~~, **James E Sullivan**  
 Street Address (P.O. Box Number is Not Acceptable)  
**130 GRASSY LN**  
 City **Palatka** **FL** Zip Code **32177**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-26-01**

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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SULLIVAN, JAMES E</b>	
STREET ADDRESS	<b>RT 3 BOX 1861</b>	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SULLIVAN, DOROTHY A</b>	
STREET ADDRESS	<b>117 SHARON STREET</b>	
CITY-ST-ZIP	<b>INTERLACHEN FL 32148</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

**4-26-01 9043284932**  
 Date Daytime Phone #

CR2E034 (10/00)