

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90074 043 \*\*\*150.00

**DOCUMENT # P00000109289**

**1. Entity Name**  
**DAVID SULLIVAN IMAGE APPAREL, INC.**



**Principal Place of Business**  
**3000 NE 30TH PL. STE 207**  
**FT LAUDERDALE FL 33306**

**Mailing Address**  
**3000 NE 30TH PL. STE 207**  
**FT LAUDERDALE FL 33306**

**2. Principal Place of Business**  
**460 S. ROSEMARY AVE**

**3. Mailing Address**  
**460 S. ROSEMARY AVE**

**Suite, Apt. #, etc.**  
**SUITE 304**

**Suite, Apt. #, etc.**  
**SUITE 304**

**City & State**  
**WEST PALM BEACH**

**City & State**  
**WEST PALM BEACH**

**Zip**  
**33401**

**Zip**  
**33401**

**Country**  
**USA**

**Country**  
**USA**



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **65-1065673**

**Applied For**  
**Not Applicable**

**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**

**BOVI, DAVID M P.A.**  
**319 CLEMATIS ST, STE 812**  
**W PALM BEACH FL 33401**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**10. OFFICERS AND DIRECTORS**

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

<b>TITLE</b>	<b>PVP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SULLIVAN, DAVID</b>	
<b>STREET ADDRESS</b>	<b>3000 NE 30 PLACE SUITE 207</b>	
<b>CITY-ST-ZIP</b>	<b>FORT LAUDERDALE FL 33306</b>	
<b>TITLE</b>	<b>STD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SULLIVAN, DAVID</b>	
<b>STREET ADDRESS</b>	<b>3000 NE 30 PLACE SUITE 207</b>	
<b>CITY-ST-ZIP</b>	<b>FORT LAUDERDALE FL 33306</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>460 S. ROSEMARY AVE SUITE 304</b>
<b>CITY-ST-ZIP</b>	<b>WEST PALM BEACH, FL 33401</b>
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>460 S. ROSEMARY AVE SUITE 304</b>
<b>CITY-ST-ZIP</b>	<b>WEST PALM BCH, FL 33401</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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 another like empowered.**

**SIGNATURE:** *David M. Sullivan*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1/15/03 (561)835-0414**  
**Date** **Daytime Phone #**

CR2E034 (10/02)