

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

02-21-2002 90032 016 ***150.00
 08-12-2002 90008 014 ***150.00

DOCUMENT # P01000023526
 1. Entity Name
SULLIVAN PROPERTIES OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address
2057 LAUREL RUN DR **2057 LAUREL RUN DR**
OCALA FL 34471-8367 **OCALA FL 34471-8367**

2. Principal Place of Business 3. Mailing Address
P.O. Box 772228 **P.O. Box 772228**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
OCALA FL **OCALA FL**
 Zip Country Zip Country
34477 **MARION** **34477** **MARION**

4. FEI Number Applied For
59-3707598 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TUCCI, GREGORY-E
225 NE 8TH AVE
OCALA FL 34470

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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"/> Change <input checked="" type="checkbox"/> Addition
NAME	P JOHN DOMINIC SULLIVAN
STREET ADDRESS	2057 LAUREL RUN DRIVE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/A JOSEPH A. CINCOTTI
STREET ADDRESS	3300 SW 56 AVE
CITY-ST-ZIP	OCALA FL 34474
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: JOSEPH A. CINCOTTI Date: 8/11/02 Daytime Phone #: (352)-732-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment
973837
PO 1000023524

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
5050 W. TENNESSEE STREET
TALLAHASSEE, FLORIDA 32399

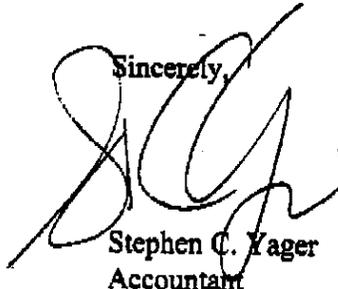
STEPHEN C. YAGER - TAX & ACCOUNTING SERVICE
P.O. BOX 160
OCALA, FLORIDA 34478

re: Corporate annual report for Sullivan Properties of Central Fla., Inc.

Dear FLORIDA DEPARTMENT OF STATE:

This letter is to inform the Florida Department of State that according to me and my clients records no corporate annual report was sent to either location to be filed. Since my client has never had this problem in this past we would appreciate the late penalty to be waived and the check inclosed in the amount of \$150.00 to be rendered paid in full and full reinstatement of this corporation. Thanks for your consideration..

Sincerely,



Stephen C. Yager
Accountant