FILED
Jun 12, 2003 8:00 am
Secretary of State
06-12-2003 90012 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000073891

1. Entity Name
JODI L. SULLIVAN INC.

Principal Place of Business
40436 EMERALDA ISLAND RD
LEESBURG, FL 34788

Mailing Address
40436 EMERALDA ISLAND RD
LEESBURG, FL 34788

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 40438 Emeralda Isl. RD
Suite, Apt. #, etc.
City & State: Leesburg, Fl
Zip: 34788 Country: USA

3. Mailing Address: 40438 Emeralda Isl.RD
Suite, Apt. #, etc.
City & State: Leesburg, FL
Zip: 34788 Country: USA

4. FEI Number: 59-3715444 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SULLIVAN, JODI L
40436 EMERALDA ISLAND RD
LEESBURG, FL 34788

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULLIVAN, JODI L 40436 EMERALDA ISLAND RD LEESBURG, FL 34788 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director ☒ Change ☐ Addition Jodi L Sullivan 40438 Emeralda Island RD Leesburg, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: Jodi L Sullivan — 5-27-03 — 352-669-3637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)