


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2004 8:00 am
Secretary of State

01-06-2004 90041 009 ***150.00

DOCUMENT # 1. Entity Name <i>John Michael Sullivan Company</i> <i>P03000043848</i>	
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2. Principal Place of Business <i>481 Starboard LNDG</i> Suite, Apt. #, etc.		3. Mailing Address <i>PO BOX 16286</i> Suite, Apt. #, etc.	
City & State <i>Amelia Island, FL</i>		City & State <i>Amelia Island, FL</i>	
Zip <i>32034-2779</i>	Country <i>USA</i>	Zip <i>32035-3122</i>	Country <i>USA</i>
4. FEI Number <i>57-1162000</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>John Michael Sullivan</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>481 Starboard Landing</i>	
City <i>Amelia Island</i>	FL <i>32034-2779</i>

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 reissuing)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>OWNER</i> <i>John Michael Sullivan</i> <i>481 Starboard Landing</i> <i>Amelia Island, FL</i> <i>32034-2779</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John M. Sullivan 1-1-04 904-556-3106

CR2E034B (12/02)