2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90025 001 ***158.75

DOCUMENT # P93000071451

1. Entity Name

SULLIVAN & BARYSHNIKOV, INC.

Principal Place of Business	Mailing Address
~~2075 WEST FIRST STREET #204~~ FT. MYERS FL 33901 US	~~2075 WEST FIRST STREET #204~~ FT. MYERS FL 33901-3100 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2038 West First St.	2038 West First St.
Suite, Apt. #, etc.: #100	Suite, Apt. #, etc.: #100
City & State: Fort Myers FL	City & State: Fort Myers FL
Zip: 33901 Country: USA	Zip: 33901 Country: USA

4. FEI Number 65-0453086 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BUCKINGHAM, KENLEIGH
2075 W FIRST ST., STE. 204
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 2038 West First Street #100

City: Fort Myers FL Zip Code: 33901

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

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP BARYSHNIKOV, MIKHAIL ~~2075 W 1ST STREET #204~~ FT MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2038 West First St. #100
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS STRAYHORN, E BRUCE ~~2075 W 1ST STREET #204~~ FT MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2038 West First St. #100
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT STOUT, J NATHAN ~~2075 W 1ST STREET #204~~ FT MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2038 West First St. #100
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SULLIVAN, HAYWOOD ~~2075 W 1ST STREET #204~~ FT MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2038 West First St. #100
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

CR2E034 (9/99)

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: Haywood C. Sullivan 4/10/00 941-479-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #