FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State
03-31-2002 90328 045 ***158.75

DOCUMENT # P93000071451

1. Entity Name
SULLIVAN & BARYSHNIKOV, INC.

DO NOT WRITE IN THIS SPACE

752205

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2038 WEST FIRST STREET	2038 WEST FIRST STREET
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. SUITE 100
City & State FORT MYERS, FL	City & State FORT MYERS, FL
Zip 33901 Country LEE	Zip 33901 Country LEE

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name BUCKINGHAM, KENLEIGH

Street Address (P.O. Box Number is Not Acceptable)
2038 WEST FIRST STREET, SUITE 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) ☐

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

TITLE	DVPT	TITLE	
NAME	SULLIVAN, MARC C.	NAME	
STREET ADDRESS	2038 WEST FIRST STREET, SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33901	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	BUCKINGHAM, KENLEIGH	NAME	
STREET ADDRESS	2038 WEST FIRST STREET, SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33901	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	SULLIVAN, KYLE	NAME	
STREET ADDRESS	2038 WEST FIRST STREET, SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33901	CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE	D	TITLE	
NAME	CONSTANTIN, SHARON	NAME	
STREET ADDRESS	2038 WEST FIRST STREET, SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33901	CITY-ST-ZIP	
TITLE	DP	TITLE	
NAME	SULLIVAN, HAYWOOD C	NAME	
STREET ADDRESS	2038 WEST FIST STREET, SUITE 100	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33901	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kenleigh Buckingham Kenleigh Buckingham 3/14/02 941-479-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #