

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90848 026 ***150.00

DOCUMENT # **P96000000351**

1. Entity Name

SULLIVAN'S CLEANING SERVICE AND SUPPLIES, INC.



Principal Place of Business

2501 ALT 19

PALM HARBOR FL 34683

Mailing Address

2501 ALT 19

PALM HARBOR FL 34688

30001043



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

17 Safford Ave. N.

17 Safford Ave. N.

City & State

City & State

Tarpon Springs, FL

Tarpon Springs, FL

Zip

Country

Zip

Country

34689

U.S.A.

34689

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3351641

Applied For...

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SULLIVAN, LAURIE

2501 APT 19

PALM HARBOR FL 34683

**17 SAFFORD AVE
TARPON SPRINGS, FL
34689**

Name

SULLIVAN, LAURIE

Street Address (P.O. Box Number is Not Acceptable)

17 SAFFORD AVE N.

TARPON SPRING, FL 34689

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 **Laurie Sullivan**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/9/03

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	SULLIVAN, LAURIE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	2501 A ALT 19		
	17 Safford Ave N.		
	PALM HARBOR FL 34683		
	Tarpon Springs, FL 34689		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Laurie Sullivan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/03

Date

Daytime Phone #

CR2E034 (10/02)