2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91098 008 ***150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000007765

1. Entity Name
SULLIVAN OUTDOOR, INC.

Principal Place of Business	Mailing Address
4216 LINDA DRIVE ZEPHYRHILLS FL 33543	PO BOX 2293 ZEPHYRHILLS FL 33540

2. Principal Place of Business		3. Mailing Address	
38108 MERIDIAN Ave		SAME	
Suite, Apt. #, etc. 102		Suite, Apt. #, etc.	
City & State DADE CITY, FLA 33525		City & State	
Zip 33525	Country US	Zip	Country

4. FEI Number 65-0785026 ☐ 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, JAMES C JR. 4216 LINDA DR. ZEPHYRHILLS FL 33543	Name Street Address (P.O. Box Number is Not Acceptable) City / 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.

SIGNATURE [signature] PRESIDENT 4-27-2001
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, 2001 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	P SULLIVAN, JAMES C JR. 4216 LINDA DR. ZEPHYRHILLS FL 33543 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4/27/2001 352-567-9207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

CR2E034 (10/00)