

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000021969

1. Entity Name

MICHAEL P. SULLIVAN, P.A.

Principal Place of Business

Mailing Address

3811 BLANDING BOULEVARD
SUITE 3
JACKSONVILLE FL 32210

3811 BLANDING BOULEVARD
SUITE 3
JACKSONVILLE FL 32210-7329

2. Principal Place of Business

3. Mailing Address

4804 Blanding Blvd. 4804 Blanding Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

Jacksonville, FL

Zip

Country

USA

Zip

Country

4. FEI Number

59-3365795

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, MICHAEL P
3811 BLANDING BOULEVARD
SUITE 3
JACKSONVILLE FL 32210

Name

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

4804 Blanding Blvd.

City

Jacksonville

FL

Zip Code 32210

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 D
NAME SULLIVAN, MICHAEL P
STREET ADDRESS 3811 BLANDING BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE ☐ Change ☐ Addit
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90046 037 ***150.00

010014



DO NOT WRITE IN THIS SPACE

1/13/00 904-593-777