

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90093 007 \*\*\*150.00

**DOCUMENT # P96000041493**

1. Entity Name  
**SULLIVAN'S TELECOM, INC.**

Principal Place of Business Mailing Address  
**149 N. HIGHWAY 22A 149 N. HIGHWAY 22A**  
**PANAMA CITY FL 32404 PANAMA CITY FL 32404-6279**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-3379045** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SULLIVANN, BOBBY N SR.**  
**149 N. HIGHWAY 22A**  
**PANAMA CITY FL 32404**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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.  
 SIGNATURE *Bob N Sullivan VP.T.* **4-27-00**  
 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                      | <b>D</b>                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>SULLIVAN, BOBBY N SR</b> |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>149 N. HIGHWAY 22A</b>   |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>PANAMA CITY FL 32404</b> |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <b>D</b>                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>SULLIVAN, RUTH W</b>     |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>149 N. HIGHWAY 22A</b>   |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>PANAMA CITY FL 32404</b> |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                             | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                             |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                             |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                             |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                             | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                             |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                             |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                             |                                 | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      |                             | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       |                             |                                 | NAME  |                                 |                                   |
| STREET ADDRESS             |                             |                                 | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                |                             |                                 | CITY-ST-ZIP   |                                 |                                   |

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: *Bob N Sullivan VP.T.* **4-27-00** **850-8720200**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)