

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

04-09-2002 90738 043 \*\*\*150.00

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

DOCUMENT #P96000045269

1. Entity Name

GEORGE SULLIVAN & ASSOCIATES, INC.

**DO NOT WRITE IN THIS SPACE**

B0062038

2. Principal Place of Business

11855 Devon Downs Trail

Suite, Apt. #, etc.

3. Mailing Address

11855 Devon Downs Trail

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Alpharetta, GA

City & State

Alpharetta, GA

4. FEI Number

58-2243595

Applied For

Not Applicable

Zip

30005

Country

Zip

30005

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Olesiewicz & DeAquino, P.A.

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

2101 W. Commercial Blvd., #4800

City

Fort Lauderdale

FL

Zip Code

33309

**DO NOT WRITE  
IN THIS SPACE**

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 1st, May 1st Fee is \$150.00  
After May 1st Fee is \$550.00  
Amended UBR is \$60.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	D Sullivan, George 11855 Devon Downs Trail Alpharetta, GA 30005	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Sullivan

Date

3/31/02

Daytime Phone #

CR2034B (12/01)