

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90138 004 ***150.00

DOCUMENT # **P96000045269**

1. Entity Name

George SULLIVAN & Assoc. Inc.



DO NOT WRITE IN THIS SPACE

11029897

2. Principal Place of Business

3. Mailing Address

11855 Devon Downs Trail

11855 Devon Downs Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Alpharetta Ga

Alpharetta Ga.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-224-395

Applied For

Not Applicable

Zip **30005**

Country **USA**

Zip **30005**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

OLESIWICZ & DEAGUINO P.A.

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

2101 W. Commercial Blvd #4800

Fort Lauderdale

City

FL

Zip Code

33309

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SULLIVAN, George
11855 Devon Downs Trail
Alpharetta Ga 30005**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

George Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

Daytime Phone #

CR2E034B (12/02)