

00-02 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 21 PM 1:26

DOCUMENT # **P96000049667**

1. Entity Name  
**SULLIVAN INVESTIGATIVE SERVICES, INC.**

RE-ACTIVATE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**415 MONTGOMERY RD.**

3. Mailing Address  
**P.O. BOX 161209**

Suite, Apt. #, etc.  
**SUITE 135**

**DO NOT WRITE IN THIS SPACE**

City & State  
**ALTAMONTE SPRINGS FL**

City & State  
**ALTAMONTE SPRINGS FL**

Zip  
**32714**

Country  
**SEMINOLE**

Zip  
**32716**

Country  
**SEMINOLE**

4. FEI Number  
**59-3381290**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**PATRICK R. SULLIVAN**

Street Address (P.O. Box Number is Not Acceptable)  
**415 MONTGOMERY RD. SUITE 135**

**ALTAMONTE SPRINGS**

City  
**FL** Zip Code  
**32714**

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 *Patrick R. Sullivan* *Patrick R. Sullivan* **4/26/02**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

January 1, 2002 - February 28, 2002  
After May 1, 2002 - 2003  
Amount of UBR tax is \$125.  
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  
**PSD**

NAME  
**SULLIVAN, PATRICK R.**

STREET ADDRESS  
**415 MONTGOMERY RD,**

CITY - ST - ZIP  
**SUITE 135  
ALTAMONTE SPRINGS, FL.  
32714**

TITLE  
**70000567850**

NAME  
**407-788-7850**

STREET ADDRESS  
**407-788-7850**

CITY - ST - ZIP  
**407-788-7850**

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)(b), 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 *Patrick R. Sullivan* **4/26/02** **407-788-7850**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2054B (12/01)