

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072579

1. Entity Name

HMKS SULLIVAN, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90848 012 ***158.75

Principal Place of Business

Mailing Address

~~2075 WEST FIRST ST.~~

~~2075 W 1ST STREET~~

~~#204~~

~~#204~~

FORT MYERS FL 33901
US

FORT MYERS FL 33901-3100
US

2. Principal Place of Business

3. Mailing Address

2038 WEST FIRST ST. #100 2038 WEST FIRST ST #100

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Myers FL

City & State

Fort Myers FL

4. FEI Number

65-0739938

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

33901

Country

USA

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

BUCKINGHAM, KENLEIGH

~~2075 WEST FIRST STREET~~

~~#204~~

FORT MYERS FL 33901

Name

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

2038 WEST FIRST ST. #100

Fort Myers

FL

Zip Code 33901

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 PDST ☐ Delete
NAME SULLIVAN, MARC C
STREET ADDRESS ~~2075 W FIRST STREET #204~~
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2038 West First Street #100
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME SULLIVAN, KYLE M
STREET ADDRESS ~~2075 W 1ST STREET #204~~
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2038 West First Street #100
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME CONSTANTIN, SHARON S
STREET ADDRESS ~~2075 W 1ST STREET #204~~
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2038 West First Street #100
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BUCKLEY, JOHN S
STREET ADDRESS ~~2075 W 1ST STREET #204~~
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2038 West First Street #100
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SULLIVAN, HAYWOOD C
STREET ADDRESS ~~2075 W 1ST STREET #204~~
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2038 West First Street #100
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Marc C Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2000

Date

941-

461-5250

Daytime Phone #

941 479-5255

CF2E034 (9/99)