

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90083 012 ***158.75

DOCUMENT # P96000072579

1. Entity Name

HMKS SULLIVAN, INC.

Principal Place of Business

2038 W. 1ST ST. #100
FORT MYERS FL 33901
US

Mailing Address

2038 W. 1ST ST. #100
FORT MYERS FL 33901
US

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 65-0739938

Applied For

Not Applicable

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 Street #100

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

Kenleigh Buckingham

1-26-01

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, 2001 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 W 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 W 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 W 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 W 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 W 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

1-26-01

Date

941-461-5250

Daytime Phone #

CR2E034 (10/00)