

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90070 028 ***150.00

DOCUMENT # P98000057040

1. Entity Name
DANIEL J. SULLIVAN, INC.

Principal Place of Business

2499 GLADES RD.
SUITE 305 A
BOVA RATON FL 33431

Mailing Address

2499 GLADES RD.
SUITE 305 A
BOVA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2499 GLADES RD

SUITE 305A

BOCA RATON FL

Zip 33431

Country USA

3. Mailing Address

2499 GLADES RD

SUITE 305A

BOCA RATON FL

Zip 33431

Country USA

4. FEI Number 65-0848432

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SULLIVAN, DANIEL J
2499 GLADES RD.
SUITE 305 A
BOVA RATON FL 33431

7. Name and Address of New Registered Agent

Name: DANIEL J SULLIVAN
Street Address (P.O. Box Number is Not Acceptable)
2499 GLADES RD
SUITE 305A
City: BOCA RATON FL Zip Code 33431

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

DANIEL J. SULLIVAN

3/5/02
DATE

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE **P** ☐ **Delete**
NAME **SULLIVAN, DANIEL J**
STREET ADDRESS **2499 GLADES RD., STE. 305A**
CITY-ST-ZIP **BOVA RATON FL 33431**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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:

[Signature] **DANIEL J. SULLIVAN**

3/5/02 86-901-3152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)