

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027430

1. Entity Name

BARBARA SULLIVAN, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90076 011 \*\*\*150.00

Principal Place of Business

Mailing Address

1623 N. U.S. HWY 1, STE. A-3  
SEBASTIAN FL 32958

1623 N. U.S. HWY 1, STE. A-3  
SEBASTIAN FL 32958-3879

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

SULLIVAN, BARBARA  
1623 N. U.S. HWY 1, STE. A-3  
SEBASTIAN FL 32958

Name

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

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

*Barbara Sullivan*  
~~Barbara Sullivan~~

(NOTE: Registered Agent signature required when reinstating)

*3/26/2000*  
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 DPVS  
NAME SULLIVAN, BARBARA  
STREET ADDRESS 1574 DAMASK LANE  
CITY-ST-ZIP SEBASTIAN FL 32958 ☒ Delete

TITLE DPVS  
NAME SULLIVAN, BARBARA  
STREET ADDRESS 3490 LEGHORN ROAD  
CITY-ST-ZIP MALABAR, FL 32950 ☒ Change ☐ Addition

TITLE T  
NAME SULLIVAN, BARBARA  
STREET ADDRESS 1574 DAMASK LANE  
CITY-ST-ZIP SEBASTIAN FL 32958 ☒ Delete

TITLE T  
NAME SULLIVAN, BARBARA  
STREET ADDRESS 3490 LEGHORN ROAD  
CITY-ST-ZIP MALABAR, FL 32950 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Barbara Sullivan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/26/2000*  
*(561) 589-9106*