2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046514

1. Entity Name

SULLIVAN AUTO SALES, INC.

Principal Place of Business

Mailing Address

1100 GALL BLVD. ZEPHYRHILLS FL 33541 4103 GALL BLVD.

ZEPHYRHILLS FL 33541-6218

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country Country Country Country Country Country Country Country

FILED Mar 03, 2000 8:00 am Secretary of State

03-03-2000 90261 015 ***150.00



| | DO NOT WRITE IN THIS SPAC | E | | |
|---|--|----------------|--|--|
| | | | | |
| | 4. FEI Number 2 - 2 - 2 - 2 | Applied For | | |
| | * FEI NUMBER 9 - 358/463 | Not Applicable | | |
| | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | |
| 7. Name and Address of New Registered Agent | | | | |
| | | | | |

HAUGH, JAMES E 474 LORA LANE TARPON SPRINGS FL 34689-9050

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

HO3 GALL BIVD

FL Zin Code 33541

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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.

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.

Aft

(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

Name

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | D Delete HAUGH, JAMES E -474 LORA LANE TARPON SPRINGS FL 34680 9050 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3234 APFEL ROAD ZEPHYRIAIIS PI 33543 |
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13. I hereby certify that the information supplied with this filling 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 acciver 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:

THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Ph

Daytime Phone #