

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90935 005 ***150.00

0627289 AT

DOCUMENT # V19374

1. Entity Name
SULLIVAN PINE STRAW, INC.



Principal Place of Business

**RT. 2, BOX 22
MAYO FL 32066**

Mailing Address

**RT. 2, BOX 190
MAYO FL 32066**

2. Principal Place of Business

1700 NE Shady Oak Rd

Suite, Apt. #, etc.

3. Mailing Address

1700 NE Shady Oak Rd

Suite, Apt. #, etc.

City & State

mayo Florida

City & State

mayo Florida

Zip

32066

Country

lafayette

Zip

32066

Country

lafayette

4. FEI Number

59-3122270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WARFEL, TIMOTHY J
2015 CENTRE POINTE BOULEVARD
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D SULLIVAN, JODY W**
STREET ADDRESS **RT. 2, BOX 22**
CITY-ST-ZIP **MAYO FL**

TITLE ☐ Delete
NAME **D SULLIVAN, DEBORAH JOANN**
STREET ADDRESS **RT. 2, BOX 22**
CITY-ST-ZIP **MAYO FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Deborah J Sullivan
Deborah J Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-03

386-244-3037

Date

Daytime Phone #

CR2E034 (10/02)