

2001. UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000023518

1. Entity Name
5540, INC.

Principal Place of Business
721 1ST AVE NORTH
ST PETERSBURG FL 33701

Mailing Address
P O BOX 1954
ST PETERBURG FL 33731-1954

2. Principal Place of Business
5514 PARK BLVD
Suite, Apt. #, etc.

3. Mailing Address
5514 PARK BLVD
Suite, Apt. #, etc.

City & State
Pinellas Park, FL
Zip 33781 Country

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Pinellas Park, FL
Zip 33781 Country

4. FEI Number
59-3705941

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

ENGLANDER, LEONARD S
721 1ST AVE NORTH
ST PETERSBURG FL 33701

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D	ENGLANDER, LEONARD S	721 1ST AVE NORTH ST PETERSBURG FL 33701	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PST	ROGER B. BRODERICK	5514 PARK BLVD PINELLAS PARK, FL 33781		<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER B. BRODERICK

Date

4/30/01

Daytime Phone #

727-544-1403

President

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90218 021 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)