

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000116228**

1. Entity Name

5400, Inc.

Principal Place of Business

Mailing Address

**326 DARTMOUTH DR.
LAKE WORTH, FL. 33460**

2. Principal Place of Business

3. Mailing Address

326 DARTMOUTH DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE WORTH, FL.

Zip **33460**

Country

USA

Zip

Country

USA

4. FEI Number

651066094

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

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

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

(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 **GERALD ANDERSON** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP **326 DARTMOUTH DR.
LAKE WORTH, FL. 33460**

TITLE **PRESIDENT** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP **326 DARTMOUTH DR.
LAKE WORTH, FL. 33460**

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

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

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **DIANE HARRISON
545 S. COUNTRY CLUB DR. ATLANTA, GA. 30302**

TITLE **SECRETARY/TREAS** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **LINDA SHER
2203 N. FED. HWY.
LAKE WORTH, FL. 33460**

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

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

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:

Gerald Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-5-01
Date

561-547-3540
Daytime Phone #

T. LEWIS OCT 26 2001

CR2E034 (11/00)