

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 21, 2002 8:00 am
Secretary of State

08-05-2002 90009 020 ***150.00

DOCUMENT # 001000008750

1. Entity Name

5770, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1949 Sansbury's Way

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip 33411

Country

Zip

Country

4. FEI Number

01-0740358

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Richard M. Crooks

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

1949 Sansbury's Way

City

West Palm Beach FL

Zip Code

33411

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]

Richard M. Crooks

5-21-2002

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Richard M. Crooks
1949 Sansbury's Way
West Palm Beach, FL 33411

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-21-2002 (561) 312-0490

Date

Daytime Phone #

CR2E034B (12/01)

Form **SS-4**(Rev. April 2000)
Department of the Treasury
Internal Revenue Service**Attachment**
Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN **01-0740328**

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) 5770, Inc.		3 Executor, trustee, "care of" name
	2 Trade name of business (if different from name on line 1)		
	4a Mailing address (street address) (room, apt., or suite no.) 1949 Sansbury Way		5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code West Palm Beach, FL 33411		5b City, state, and ZIP code
	6 County and state where principal business is located Palm Beach County, Florida		
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► Richard Crooks (266-66-9495) (SSN)		
	8a Type of entity (Check only one box.) (see instructions) Caution: If applicant is a limited liability company, see the instructions for line 8a.		

☐ Sole proprietor (SSN)	☐ Estate (SSN of decedent)
☐ Partnership	☐ Plan administrator (SSN)
☐ REMIC	☐ Other corporation (specify) ►
☐ State/local government	☐ Trust
☐ Church or church-controlled organization	☐ Federal government/military
☐ Other nonprofit organization (specify) ►	(enter GEN if applicable)
☐ Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated FLORIDA	State Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)		☐ Banking purpose (specify purpose) ►
☒ Started new business (specify type) ► GASOLINE C-STORE	☐ Changed type of organization (specify new type) ►	
☐ Hired employees (Check the box and see line 12.)	☐ Purchased going business	
☐ Created a pension plan (specify type) ►	☐ Created a trust (specify type) ►	
	☐ Other (specify) ►	

10 Date business started or acquired (month, day, year) (see instructions) 09-01-2003	11 Closing month of accounting year (see instructions) November
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)	15-01-2003
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural 3	Agricultural	Household
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14 Principal activity (see instructions) ► RETAIL GASOLINE

15 Is the principal business activity manufacturing?	☐ Yes	☒ No
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16 To whom are most of the products or services sold? Please check one box.	☐ Business (wholesale)	☐ N/A
☒ Public (retail)	☐ Other (specify) ►	

17a Has the applicant ever applied for an employer identification number for this or any other business?	☐ Yes	☒ No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name ►	Trade name ►
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► Richard M. Crooks	Business telephone number (include area code) (561) 827-1234
	Fax telephone number (include area code) (561) 624-4418

Signature ►	Date ► 08-14-02
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Note: Do not write below this line. For official use only.

Please leave blank ►	GEO.	Ind.	Class	Size	Reason for applying
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Attachment

41876
PO1000008750

July 25th 2002

Ms. Barbara Mitchell
Document Specialist
Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Re: 5770, Inc., Letter Number 002A00037263

Dear Ms. Mitchell,

I am sorry for the delay in responding to your letter dated June 6th, 2002, however, I have just returned to West Palm Beach. With reference to 5770, Inc., I have filled in all the items requested with the exception of a Federal Identification Number. The corporation has no employees at this time, as a result the Federal Identification Number is not necessary. However, if you would like me to apply for one, I will be glad to do so.

Thank you once again for your consideration in this matter, if you like to call me, my day time number is (561) 626-7000.

Sincerely yours,



Richard M. Crooks

RMC/cr

Attachment 41876

PO 1000000 8750

2 of 2

May 21, 2002

Division of Corporations,
P O Box 6327,
Tallahassee, FL 32314

Re: 5770, Inc.

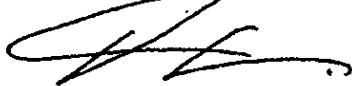
Gentlemen,

On the 14th day of May, while at my attorney's office, he requested the UBR. Realizing that the Uniform Business Report for the above listed Corporation had not been received, I informed your office requesting a report. Therefore, I would like to ask for a waiver of late fees as this report was not sent to me on time, and as a result cannot be filed on time.

Thank you very much for your consideration,

Sincerely,

Richard M. Crooks



RMC/cr