## 2002 UNIFORM BUSINESS REPORT (UBR)

^ <b>.</b> 2002	2 Uniform bu	siness repoi	rt (UBR)	FILED
DOCUMENT # P93000014108  1. Entity Name 5400 INDUSTRIAL, INC.				Apr 11, 2002 8:00 am Secretary of State 04-11-2002 90039 001 ***150.00
Principal Place of Business  2201 NE 52ND ST STE 204  LIGHTHOUSE POINT FL 33064  Mailing Address PO BOX 1079 DEERFIELD BCH FL 33443			1	
Principal Place of Business     3. Mailing Address				T 1981/1991 (10 1810) SHALL BRAIN BRAIN ORDIN ORDIN 1881 ELBEN 1991 BRAIN SANDA YOLK 1995)
Suite, Apt. #, etc.		Suite, Apt. #, etc.	· · · ·	DO NOT WRITE IN THIS SPACE
City & State City of		City & State		4. FEI Number 65-0397951 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
DOVED I	DAVMOND E		Name	
ROYER, RAYMOND E 2201 NE 52NDST			Street Addre	ress (P.O. Box Number is Not Acceptable)
STE 204				
LIGHTHOUSE POINT FL 33064			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 filling requirement and elects to do so.  After May 1, 2002 Fee will be \$550.00  Trust Fund Contribution.				
(See criter		☐ Make Check Payable		State
11.	ρ	ND DIRECTORS  Delete	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	RAYMOND E. ROYER, 2201 NW 52ND ST STE 204 LIGHTHOUSE POINT FL 3300	64	NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP		· • • • • • • • • • • • • • • • • • • •	STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	<u>.                                    </u>
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	certify that the information supplied:	with this filing does not qualify for t	he exemption stated in	in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated	on this report or supplemental repo	art ie true and accurate and that mu	zeignatura chall have :	e the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if