2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P93000014108 **DOCUMENT #**

1. Entity Name 5400 INDUSTRIAL, INC.



05-01-2003 90224 046 ***150.00

1 y	uı,	4 U	UJ	0	·UU	all
eci	reta	rv	of	S	tate	,
-		J	7 I	\sim	••••	
25.01	1 0000	20224	046	krakrakra	EO 00	

		1							
Mailing Address PO BOX 1079 DEERFIELD BCH FL 3	13443		: 100/100 (100 (100 (100)))						
3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES						
City & State	City & State		4. FEI Number 65-0397951		_ _ 	Applied For Not Applicable			
Zip	Country		5. Certificate of Status Desired		8.75 Ad	ditional			
6. Name and Address of Current Registered Agent									
	Na			<u> </u>					
	Sti	Street Address (P.O. Box Number is Not Acceptable)							
	<u> </u>								
LIGHTHOUSE POINT FL 33064			FL Zip Code			e			
for the purpose of changing	its registered off	ice or registered	d agent, or both, in the State of Flo	orida. I am fa	miliar with,	and accept			
ent and title if applicable. (I	NOTE: Registered Agen	t signature required w	then reinstating)	DATE					
0 of State						0 May Be			
<u> </u>	T 11		ADDITIONS/CHANGES TO OFF	EICEDS AND I	NECTOR	Q IN 11			
☐ Delete	TITLE NAME	RESS	7.00mord/of.a.wazo 10 dri			Addition			
STREET ADDRESS 2201 NW 52ND ST STE 204 CITY-ST-ZIP LIGHTHOUSE POINT FL 33064									
☐ Delete					☐ Change	Addition			
☐ Delete					Change	Addition			
☐ Delete				,	☐ Change	Addition			
☐ Delete		ſ		1	Change	Addition			
☐ Delete	CITY-ST-ZIF	<u></u>				Addition			
	PO BOX 1079 DEERFIELD BCH FL 3 3. Mailing Address Suite, Apt. #, etc. City & State Zip Int Registered Agent Of State DDIRECTORS Delete Delete Delete Delete Delete Delete	PO BOX 1079 DEERFIELD BCH FL 33443 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country Int Registered Agent Na Str Cit for the purpose of changing its registered off Int and title if applicable. (NOTE: Registered Agent) Delete Title NAME STREET ADD CITY-ST-ZIF Delete TITLE NAME STREET ADD CITY-ST-ZIF STREET ADD CITY-ST-ZIF CITY-ST-ZIF STREET ADD CITY-ST-ZIF	PO BOX 1079 DEERFIELD BCH FL 33443 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country Int Registered Agent Name Street Address (P. City Tor the purpose of changing its registered office or registered and title if applicable. (NOTE: Registered Agent signature required where the street Address (P.) Delete Title NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEREFIELD BCH FL 33443 3. Mailing Address Suite, Apt. #, etc. CHECK HERE City & State 4. FEI Number 65-039795. Zip Country 5. Certificate of Status Desired Name Street Address (P.O. Box Number is Not Acceptable City City Tor the purpose of changing its registered office or registered agent, or both, in the State of Fi Tor the purpose of changing its registered Agent signature required when renstating) 9. Election Campaign Fi Trust Fund Contribution DIRECTORS 11. ADDITIONS/CHANGES TO OFFI NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-	Suite, Apt. #, etc. CHECK HERE IF MAKING	PO BOX 1079 DEERFIELD BCH FL 33443 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 65-0397951 A No. 1			

Interest certify that the information supplied with fits filling does not quality for the exemption stated in Section 119.07(3)(f), 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 tike empowered. SIGNATURE: Raymond E. Royer, President 29-Apr-2003 954.429.3433

SIGNATURE AND TYPED OR PRITED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daving Proce #