

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90161 045 \*\*\*150.00

**DOCUMENT # P94000018104**



1. Entity Name  
**5327, INC.**

Principal Place of Business  
**2475 ENTERPRISE ROAD STE. 300  
CLEARWATER FL 34623**

Mailing Address  
**2475 ENTERPRISE ROAD STE. 300  
CLEARWATER FL 34623**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3233308**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOTTLIEB AND GOTTLIEB P.A.  
2475 ENTERPRISE ROAD STE. 300 100  
CLEARWATER FL 34623**

Name

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

**STE. 100**

City

**FL 33763**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-15-03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **D EVANS, JAMES B**  
STREET ADDRESS **2475 ENTERPRISE ROAD STE. 300**  
CITY-ST-ZIP **CLEARWATER FL 34623**

TITLE  Change  Addition  
NAME **D GOTTLIEB, JERRY**  
STREET ADDRESS **2475 ENTERPRISE RD, STE 100**  
CITY-ST-ZIP **CLEARWATER, FL 33763**

TITLE  Delete  
NAME **D LIVINGSTON, J H**  
STREET ADDRESS **2551 SUNSET POINT ROAD STE. 202**  
CITY-ST-ZIP **CLEARWATER FL 34625**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 authorized 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 lines empowered.

SIGNATURE

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-15-03 727-791-1977**  
Date Daytime Phone #

CR2E034 (10/02)