

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088669

1. Entity Name

5-DAY SALE REALTY, INC.

Principal Place of Business

1440 CORAL RIDGE DRIVE STE 359
CORAL SPRINGS FL 33071
US

Mailing Address

1440 CORAL RIDGE DRIVE STE 359
CORAL SPRINGS FL 33071
US

2. Principal Place of Business

20423 STATE ROAD 7 #508

Suite, Apt. #, etc.

BOCA RATON FL #508

City & State

BOCA RATON, FL

Zip
33498

Country
US

3. Mailing Address

20423 STATE ROAD 7

Suite, Apt. #, etc.

#508

City & State

BOCA RATON

Zip
33498

Country
US

4. FEI Number

65-0789385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MRF REGISTERED AGENT CORPORATION
2858 UNIVERSITY DRIVE
SUITE B, SECOND FLOOR
CORAL SPRINGS FL 33068

7. Name and Address of New Registered Agent

Name

LOREN KELLOCK, C.A.

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

179 SEMINOLE #37

City

BOCA RATON

FL

Zip Code

33498 32

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

Alan C. Kellock *Loren Kellock*

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

(NOTE: Registered Agent signature required when reinstating)

5/24/01 4/24/01

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

TITLE PDS
NAME KELLOCK, ALAN C
STREET ADDRESS 1440 CORAL RIDGE DRIVE STE 359
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE
NAME
STREET ADDRESS 20423 STATE ROAD 7 #508
CITY-ST-ZIP BOCA RATON, FL 33498 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Alan C. Kellock ALAN C. KELLOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

561-558-8603

Daytime Phone #

4/

FILED

May 29, 2001 8:00 am
Secretary of State

04-24-2001 90230 021 ***150.00

5544



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)