

05-28-2002 91755 043 \*\*\*150.00

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

DOCUMENT # **P00000018285**  
 1. Entity Name  
**AB@Design Studio, Inc**

**DO NOT WRITE IN THIS SPACE**

**38350**

2. Principal Place of Business  
**926 NW 40th Dr.**  
 Suite, Apt. #, etc.  
**Gainesville FL**  
 City & State

3. Mailing Address  
**Same**  
 Suite, Apt. #, etc.  
 City & State

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Zip **32605** Country **USA**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name **Anne W pais**  
 Street Address (P.O. Box Number is Not Applicable)  
**926 NW 40th Dr.**  
 City **Gainesville** FL Zip Code **32605**

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: **Anne W pais**

**4/29/02**

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 \$350.00  
 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	<b>PSD PAIS, ANNIE 926 NW 40th Drive Gainesville, FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD SCHAFF, WILLIAM 926 NW 40th Dr. Gainesville, FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE 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)(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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Anne W pais** **4/29/02** **352-371-077**

CR2E034B (12/01)

Attachment # [redacted] Pg 2 of 2  
PO00000018285

Form **SS-4**

### Application for Employer Identification Number

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

EIN

OMB No. 1545-0003

Department of the Treasury  
Internal Revenue Service

▶ Keep a copy for your records.

38350

1 Name of applicant (legal name) (see instructions) <b>ABC Design Studio, Inc.</b>	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name <b>Annie Pais</b>
4a Mailing address (street address) (room, apt., or suite no.) <b>926 NW 40th Drive</b>	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code <b>Gainesville FL 32605</b>	5b City, state, and ZIP code
6 County and state where principal business is located <b>Alachua FL</b>	
7 Name of principal officer, general partner, grantor, owner, or trustor-SSN or ITIN may be required (see instructions) ▶ <b>228-74-8503</b>	
8a Type of entity (Check only one box.) (see instructions)	

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ▶
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other, nonprofit organization (specify) ▶	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ▶	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>n/a</b>	Foreign country <b>n/a</b>
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input checked="" type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Created a trust (specify type) ▶
<input type="checkbox"/> Other (specify) ▶	

10 Date business started or acquired (month, day, year) (see instructions) <b>12/21/00</b>	11 Closing month of accounting year (see instructions) <b>12/31</b>
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2 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)
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3 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 <b>0</b>	Agricultural <b>0</b>	Household <b>0</b>
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4 Principal activity (see instructions) ▶	<b>Art Design</b>
5 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

6 To whom are most of the products or services sold? Please check one box.	<input checked="" type="checkbox"/> Business (wholesale)
<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶

7a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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7b 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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7c 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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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 print or print clearly) ▶ **Annie Pais President**

Business telephone number (include area code) **352-377-7077**

Fax telephone number (include area code)

Signature: *Annie Pais* Date: **June 17, 02**

Note: Do not write below this line. For official use only.

Class	Size	Reason for applying
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Attachment

Attachment 38350  
#P00000018285

NOTE -

THANK YOU -

SORRY FOR THE  
OVERSIGHT.

HERE IS THE CORRECTED

FORM.

Annie Pais