

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

**FILED**  
**May 23, 2003 8:00 am**  
**Secretary of State**

05-23-2003 90149 028 \*\*\*150.00

0012392  
AV

**DOCUMENT # P02000041177**

1. Entity Name  
**MARTINI'S RESTAURANT & LOUNGE, INC.**



Principal Place of Business  
**101 BAY STREET  
DAYTONA BEACH FL 32118**

Mailing Address  
**101 BAY STREET  
DAYTONA BEACH FL 32118**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

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



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**03-0507608**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BUTTERS, DAVID  
821 GEORGE HECKER DRIVE  
SOUTH DAYTONA FL 32119**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David Butters* DATE 5-1-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD BUTTERS, DAVID 101 BAY STREET DAYTONA BEACH FL 32118</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD BUTTERS, CLAUDIA 101 BAY STREET DAYTONA BEACH FL 32118</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 like empowered.

SIGNATURE: *David Butters* **SIGNATURE REQUIRED** Date 5-1-03 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10/02)

6314474991

Attachment  
IRS TELETYPE

05/20/2003 10:38 FAX 6314474991

001/001

05/05/2003 10:33 KNEPLEY TAX ACCT -> POA 911 FORMS

NO. 925

002

80121120

PO2000041177

L#3

Form **SS-4**

### Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN

OMB No. 1545-0003

(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

See separate instructions for each line. Keep a copy for your records.

1 Legal name of entity (or individual) for whom the EIN is being requested <b>Martini's Restaurant &amp; Lounge Inc</b>		FND EIN <b>03-0507608</b>	
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name <b>DB 5/19/03</b>	
4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>101 Bay Street</b>		5a Street address (if different) (Do not enter a P.O. box.)	
4b City, state, and ZIP code <b>Daytona Beach FL 32114</b>		5b City, state, and ZIP code	
8 County and state where principal business is located <b>Volusia County Florida</b>			
7a Name of principal officer, general partner, grantor, owner, or trustee <b>David Butters</b>		7b SSN, ITIN, or EIN <b>121-60-9552</b>	
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN)		<input type="checkbox"/> Estate (SSN of decedent)	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (SSN)	
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>1120s</b>		<input type="checkbox"/> Trust (SSN of grantor)	
<input type="checkbox"/> Personal service corp.		<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/emprisons	
<input type="checkbox"/> Other (specify) ▶		Group Exemption Number (GEN) ▶	
8b If a corporation, name the state or foreign country (if applicable) where incorporated <b>Florida</b>		Foreign country	
9 Reason for applying (check only one box)			
<input type="checkbox"/> Started new business (specify type) ▶		<input type="checkbox"/> Banking purpose (specify purpose) ▶	
<input type="checkbox"/> Hired employees (Check the box and see line 12.)		<input type="checkbox"/> Changed type of organization (specify new type) ▶	
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Purchased going business	
<input checked="" type="checkbox"/> Other (specify) ▶ <b>Required Corp In Florida to re</b>		<input type="checkbox"/> Created a trust (specify type) ▶	
<input type="checkbox"/> Created a pension plan (specify type) ▶			
10 Date business started or acquired (month, day, year) <b>01/02/03</b>		11 Closing month of accounting year <b>12/31/03</b>	
12 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) . . . . . ▶ <b>none</b>			
13 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".		Agricultural	Household
		<b>0</b>	<b>0</b>
		<b>0</b>	<b>0</b>
14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker	
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail	
<input checked="" type="checkbox"/> Other (specify) <b>Name only</b>			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>none- resrvng name in florida required corp formed and filed on</b>			
16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶		Trade name ▶	
16c 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			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name <b>Mary K Knepley</b>	Designee's telephone number (include area code) <b>( 386 ) 780-2551</b>
	Address and ZIP code <b>PO Box 214432 South Daytona FL 32121</b>	Designee's fax number (include area code) <b>( 386 ) 780-2553</b>

Under penalties of perjury, 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 (type or print clearly) ▶ **David Butters**

Signature ▶ *David Butters* Date ▶ **2/21/03**

Applicant's telephone number (include area code)  
**( 386 )**

Applicant's fax number (include area code)  
**( )**

Attachment  
80121120

P02000041177

# FAX COVER SHEET

## FAX TRANSMITTAL SHEET

DATE: 2/22/03

Fax Number: \_\_\_\_\_

FROM:

**Knepley Tax & Accounting Service**  
Mary K. Knepley, E.A.  
P.O. Box 214432  
South Daytona, FL 32121

**FAXED**  
1104 2/22/03

**Business Ph. (386) 760-2551 Fax (386) 760-2553**

Number of pages (including this sheet): 2

Note: If any of these fax copies are illegible, or you do not receive the same number of pages as stated above, please contact us immediately at the above number.

TO: IRS

COMPANY: \_\_\_\_\_

REGARDING: 554- Please fax Back

WARNING!

ATTORNEY/CLIENT AND/OR PRIVILEGED AND CONFIDENTIAL INFORMATION:

THIS FACSIMILE MESSAGE MAY CONTAIN PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS DIRECTED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY REVIEW, COMMUNICATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR OR ANY DOCUMENTS ATTACHED HERETO, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE (COLLECT) AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS BY UNITED STATES MAIL.

5/5/03 Client has still not  
Received ?? Please fax  
Back Jux  
Refaxed - 10<sup>31</sup> Am.

5-20-03

Attachment

80121126

PO2000041177

Here under is our annual filing  
And additional documents to support  
the following

We request abatement of the \$400 penalty  
based on our exercising due care. IRS  
had issue with this corporation and  
question as to relationship to a  
similar entity. The FEIN number  
was finally issued & cleared  
yesterday.

Had the IRS not assigned, they were  
suggesting we would have to proceed  
in some other "entity fashion"  
to secure the corporate name. It  
would have been premature to renew  
an entity which the Federal Government  
would not allow

Thank you for your consideration