

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/10/2003-90053-045-\$150.00-\$150.00

03 SEP 25 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 0706444



CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000103854
 1. Entity Name
WEST COAST TAXI, INC.



Principal Place of Business
 2621 S ST
 W.P.B.-FL 33407

Mailing Address
 2621 S ST
 W.P.B.-FL 33407

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **020706444** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LOUISDORT, LISSA
740 52ST
W.P.B. FL 33407

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 LOUISDORT, LISSA**
 STREET ADDRESS **740 52ST**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D JOSEPH, ANESSON**
 STREET ADDRESS **740 52ST**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D PIERRE, ENRY**
 STREET ADDRESS **740 52ST**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 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 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: **SIGNATURE REQUIRED** *Lissa Louisdort* / 9/5/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TR5611502 87/29

CR2E034 (4/03)

Form **SS-4**

Application for Employer Identification Number

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

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

EIN **02-0706444**

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

OMB No. 1545-0003

| | | |
|------------------------|--|---|
| Type or print clearly. | 1 Legal name of entity (or individual) for whom the EIN is being requested WEST COAST TAXI INC | |
| | 2 Trade name of business (if different from name on line 1) | 3 Executor, trustee, "care of" name |
| | 4a Mailing address (room, apt., suite no. and street, or P.O. box) 2126 South Str. | 5a Street address (if different) (Do not enter a P.O. box.) |
| | 4b City, state, and ZIP code West Palm Beach FL 33402 | 5b City, state, and ZIP code |
| | 6 County and state where principal business is located PBC | |
| | 7a Name of principal officer, general partner, grantor, owner, or trustor Henry Perre | 7b SSN, ITIN, or EIN 266-91-3627 |

8a : Type of entity (check only one box)

| | |
|--|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input checked="" type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> Corporation (enter form number to be filed) ▶ | <input type="checkbox"/> Trust (SSN of grantor) |
| <input type="checkbox"/> Personal service corp. | <input type="checkbox"/> National Guard |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> State/local government |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ | <input type="checkbox"/> Farmers' cooperative |
| <input type="checkbox"/> Other (specify) ▶ | <input type="checkbox"/> REMIC |
| | <input type="checkbox"/> Indian tribal governments/enterprises |
| | Group Exemption Number (GEN) ▶ |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

| | |
|-------------------------|-----------------|
| State Florida | Foreign country |
|-------------------------|-----------------|

9 Reason for applying (check only one box)

| | |
|--|--|
| <input checked="" type="checkbox"/> Started new business (specify type) ▶ New | <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 type="checkbox"/> Other (specify) ▶ | <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) **SEP 15-02**

11 Closing month of accounting year **AUGUST 2003**

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) **NA**

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-."

| | | | |
|-----------|--------------|-----------|-------|
| NA | Agricultural | Household | Other |
|-----------|--------------|-----------|-------|

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"/> Other (specify) | <input type="checkbox"/> Retail |

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
TAXI SERVICE

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes 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 |
|--|----------------------------|--------------|

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.

| | | |
|----------------------|---|---|
| Third Party Designee | Designee's name Henry Perre | Designee's telephone number (include area code) |
| | Address and ZIP code P.O. Box 1337 West Palm Beach FL 33402 | Designee's fax number (include area code) |

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) ▶ **HENRY PERRE**

Signature ▶ *Henry Perre* Date ▶ **9/22-03**

| | |
|--|--|
| Applicant's telephone number (include area code) | Applicant's fax number (include area code) |
|--|--|