

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State

05-17-2001 91313 006 ***150.00

DOCUMENT # P99000028948

1. Entity Name
GMCV, INC.

Principal Place of Business
**40312 COUNTRY ROAD
 EUSTIS FL 32726**

Mailing Address
**40312 COUNTRY ROAD
 EUSTIS FL 32726**

49525



DO NOT WRITE IN THIS SPACE

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	APPLIED FOR	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KIEFFER, ROBERT W 319 N. FERNCREEK AVE ORLANDO FL 32803		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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, OLOF	NAME	
STREET ADDRESS	40312 COUNTRY ROAD	STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, OLOF	NAME	
STREET ADDRESS	40312 COUNTRY ROAD	STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL 32726	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLOF GIBSON	NAME	
STREET ADDRESS	Gibson mc	STREET ADDRESS	
CITY-ST-ZIP	SUEZ-GAT II	CITY-ST-ZIP	
	2118 MAIMO SWEDEN		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: _____ **OLOF GIBSON** **19th MAR 01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Internal Revenue Service
Customer Service Center-Atlanta
P. O. Box 47-421 Stop 751
Doraville, GA 30362

Date: April 13, 2004

0716 934126
Tele-Tin Number: 770-455-2360
Fax Number: 678-530-6156

Diof Gibson

40312 Country Rd.

Eustis, FL 32736

Dear Taxpayer:

We are returning your Form SS-4 for additional information. Please provide the requested information indicated by the item(s) circled below and send the completed form back to us for processing. You may fax the Form SS-4 to the above fax number for a quicker response.

- ① Social Security Number on line 7 of Form SS-4.
 - A. Corporation - President, Vice President, other principal officer or member of LLC.
 - B. Partnership - General partner or member of LLC.
 - C. Trust - Grantor/Trustor (if Grantor is deceased, need SSN of Trustee as well).
 - D. Estate - Decedent on line 8a.
 - E. Non-Resident/Canadian Citizen - Copy of social security card, passport, visa, birth certificate, or driver's license.
 - F. Other - Owner, Sole Proprietor or Non-Profit Organization.
 - G. Copy of social security card (the name does not match the SSN on our records).
2. Mailing Address / Location Address of Business.
3. Business Operational Date on line 10 of Form SS-4.
 - A. Corporation - Date business started or acquired.
 - B. Partnership - Date partnership agreement went into effect.
 - C. Trust - Date trust was created or funded.
 - D. Estate - Date of death of the decedent.
 - E. Other - Date business or organization started.
4. Fiscal Year Month on line 11 of Form SS-4.
5. Principal Activity of Business on line 14 of Form SS-4 (please specify the exact product and/or type of business being operated).
6. Telephone Number of Business on line 17c of Form SS-4.
7. Our records indicate the name of your corporation has already been used. We will need a copy of your Certificate or Articles from your state of incorporation.
8. A "Limited Liability Company" can file either as a Corporation, Partnership, Disregarded Entity Sole Proprietor, or Disregarded Entity Corporation. Please specify on line 8a of Form SS-4 the appropriate type of entity and how many members.

(over)

Form **SS-4**

Application for Employer Identification Number

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

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

EIN

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) G M C V. INC.		3 Executor, trustee, "care of" name N/A	
2 Trade name of business (if different from name on line 1)		5a Business address (if different from address on lines 4a and 4b) OLDF GIBSON GIBSON MC	
4a Mailing address (street address) (room, apt., or suite no.) 40312 COUNTRY RD.		5b City, state, and ZIP code SUEZGA, 11 2118 MALMO SWEDEN	
4b City, state, and ZIP code EUSTIS FLA. 32736		6 County and state where principal business is located	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ N/A			

8a Type of entity (Check only one box.) (see instructions) **INC. IN FLA.**
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) ▶ INC. IN FLA.
<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 **FLA.** Foreign country

9 Reason for applying (Check only one box.) (see instructions)
 Started new business (specify type) ▶ **Form Corp.**
 Banking purpose (specify purpose) ▶
 Changed type of organization (specify new type) ▶
 Purchased going business
 Hired employees (Check the box and see line 12.)
 Created a pension plan (specify type) ▶
 Created a trust (specify type) ▶
 Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions) **3-25-99**
11 Closing month of accounting year (see instructions) **DECEMBER**

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)** ▶ **No Employees**

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-.** (see instructions) ▶
Nonagricultural **0** Agricultural **0** Household **0**

14 Principal activity (see instructions) ▶

15 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box. Business (wholesale) N/A
 Public (retail) Other (specify) ▶

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

17b 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 ▶

17c 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

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.
Business telephone number (include area code) ()
Fax telephone number (include area code) ()
Name and title (Please type or print clearly.) ▶ **OLDF GIBSON, DPVS**

Signature ▶  Date ▶

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

Please leave blank ▶	Geo	Ind.	Class	Size	Reason for applying
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Use Form SS-4 to apply for an employer identification number (EIN). An EIN is a nine-digit number (for example, 12-3456789) assigned to sole proprietors, corporations, partnerships, estates, trusts, and other entities for tax filing and reporting purposes. The information you provide on this form will establish your business tax account.

Caution: An EIN is for use in connection with your business activities only. Do not use your EIN in place of your social security number (SSN).

Who Must File

You must file this form if you have not been assigned an EIN before and:

- You pay wages to one or more employees including household employees.
- You are required to have an EIN to use on any return, statement, or other document, even if you are not an employer.
- You are a withholding agent required to withhold taxes on income, other than wages, paid to a nonresident alien (individual, corporation, partnership, etc.). A withholding agent may be an agent, broker, fiduciary, manager, tenant, or spouse, and is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons.
- You file Schedule C, Profit or Loss From Business, Schedule C-EZ, Net Profit From Business, or Schedule F, Profit or Loss From Farming, on Form 1040, U.S. Individual Income Tax Return, and have a Keogh plan or are required to file excise, employment, or alcohol, tobacco, or firearms returns.

The following must use EINs even if they do not have any employees:

- State and local agencies who serve as tax reporting agents for public assistance recipients, under Rev. Proc. 80-4, 1980-1 C.B. 581, should obtain a separate EIN for this reporting. See **Household employer** on page 3.
- Trusts, except the following:
 1. Certain grantor-owned trusts. (See the **Instructions for Form 1041**, U.S. Income Tax Return for Estates and Trusts.)
 2. Individual retirement arrangement (IRA) trusts, unless the trust has to file Form 990-T, Exempt Organization Business Income Tax Return. (See the **Instructions for Form 990-T**.)
- Estates
- Partnerships
- REMICs (real estate mortgage investment conduits) (See the **Instructions for Form 1066**, U.S. Real Estate Mortgage Investment Conduit (REMIC) Income Tax Return.)
- Corporations
- Nonprofit organizations (churches, clubs, etc.)
- Farmers' cooperatives
- Plan administrators (A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.)

When To Apply for a New EIN

New Business. If you become the new owner of an existing business, do not use the EIN of the former owner. If you already have an EIN, use that number. If you do not have an EIN, apply for one on this form. If you become the "owner" of a corporation by acquiring its stock, use the corporation's EIN.

Changes in Organization or Ownership. If you already have an EIN, you may need to get a new one if either the organization or ownership of your business changes. If you incorporate a sole proprietorship or form a partnership, you must get a new EIN. However, do not apply for a new EIN if:

- You change only the name of your business,
- You elected on Form 8832, Entity Classification Election, to change the way the entity is taxed, or
- A partnership terminates because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. (See Regulations section 301.6109-1(d)(2)(iii).) The EIN for the terminated partnership should continue to be used.

Note: If you are electing to be an "S corporation," be sure you file Form 2553, Election by a Small Business Corporation.

File Only One Form SS-4. File only one Form SS-4, regardless of the number of businesses operated or trade names under which a business operates. However, each corporation in an affiliated group must file a separate application.

EIN Applied for, But Not Received. If you do not have an EIN by the time a return is due, write "Applied for" and the date you applied in the space shown for the number. Do not show your social security number (SSN) as an EIN on returns.

If you do not have an EIN by the time a tax deposit is due, send your payment to the Internal Revenue Service Center for your filing area. (See **Where To Apply** below.) Make your check or money order payable to "United States Treasury" and show your name (as shown on Form SS-4), address, type of tax, period covered, and date you applied for an EIN. Send an explanation with the deposit.

For more information about EINs, see **Pub. 583**, Starting a Business and Keeping Records, and **Pub. 1635**, Understanding Your EIN.

How To Apply

You can apply for an EIN either by mail or by telephone. You can get an EIN immediately by calling the Tele-TIN number for the service center for your state, or you can send the completed Form SS-4 directly to the service center to receive your EIN by mail.

Application by Tele-TIN. Under the Tele-TIN program, you can receive your EIN by telephone and use it immediately to file a return or make a payment. To receive an EIN by telephone, complete Form SS-4, then call the Tele-TIN number listed for your state under **Where To Apply**. The person making the call must be authorized to sign the form. (See **Signature** on page 4.)

An IRS representative will use the information from the Form SS-4 to establish your account and assign you an EIN. Write the number you are given on the upper right corner of the form and sign and date it.

Mail or fax (facsimile) the signed Form SS-4 within 24 hours to the Tele-TIN Unit at the service center address for your state. The IRS representative will give you the fax number. The fax numbers are also listed in Pub. 1635.

Taxpayer representatives can receive their client's EIN by telephone if they first send a fax of a completed Form 2848, Power of Attorney and Declaration of Representative, or Form 8821, Tax Information Authorization, to the Tele-TIN unit. The Form 2848 or Form 8821 will be used solely to release the EIN to the representative authorized on the form.

Application by Mail. Complete Form SS-4 at least 4 to 5 weeks before you will need an EIN. Sign and date the application and mail it to the service center address for your state. You will receive your EIN in the mail in approximately 4 weeks.

Where To Apply

The Tele-TIN numbers listed below will involve a long-distance charge to callers outside of the local calling area and can be used only to apply for an EIN. The numbers may change without notice. Call 1-800-829-1040 to verify a number or to ask about the status of an application by mail.

If your principal business, office or agency, or legal residence in the case of an individual, is located in:

Call the Tele-TIN number shown or file with the Internal Revenue Service Center at:

Florida, Georgia, South Carolina	Attn: Entity Control Atlanta, GA 39901 770-455-2360
New Jersey, New York (New York City and counties of Nassau, Rockland, Suffolk, and Westchester)	Attn: Entity Control Holtsville, NY 00501 516-447-4955
New York (all other counties), Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	Attn: Entity Control Andover, MA 05501 978-474-9717
Illinois, Iowa, Minnesota, Missouri, Wisconsin	Attn: Entity Control Stop 6800 2306 E. Bannister Rd. Kansas City, MO 64999 816-926-5999
Delaware, District of Columbia, Maryland, Pennsylvania, Virginia	Attn: Entity Control Philadelphia, PA 19255 215-516-6999
Indiana, Kentucky, Michigan, Ohio, West Virginia	Attn: Entity Control Cincinnati, OH 45999 859-292-5467

FAX 678-530-6156

9. Signature

- A. Corporation – President, V. President, other principal officer, or member of LLC.
- B. Partnership – General partner or member of LLC.
- C. Trust or Estate – Personal Representative, Executor, Administrator, or Fiduciary.
- D. Sole Proprietor, Owner
- E. Other – Any third party signing the Form SS-4 must include Form 2848 POA.

10. We have reviewed your Form SS-4. We are unable to assign you an Employer Identification Number, as you will not be filing any business tax returns. You are to use your social security number (SSN) on Schedule C, C-EZ, or F with your Form 1040 tax return. When issuing a Form 1099, you are to also use your social security number.

11. If you are filing as a Business or Unincorporated Trust, please indicate which of the tax form; 1041, 1065 or 1120 you will file. If uncertain, you can request a private letter ruling for a determination of your tax classification from the Service under the procedures set forth in Revenue Procedure 98-1, 1998-1 LR. B. 7, at the following address:

Internal Revenue Service
Associate Chief Counsel Domestic
ATTN: CC:DOM:CORP:T
P. O. Box 7604
Ben Franklin Station
Washington, DC 20044

12. Due to disclosure regulations that strictly govern who may receive any tax-related information, we cannot issue or mail an Employee Identification Number to third parties without a Power of Attorney.

Other _____

We apologize for any inconvenience and thank you for your cooperation.

Sincerely yours,



Chief, Customer Service Branch II

Enclosure(s)
Your Form SS-4
Envelope