

2000 UNIFORM BUSINESS REPORT (UBR)

6/1/

FILED
Jul 11, 2000 8:00 am
Secretary of State

06-01-2000 90003 011 ***150.00

DOCUMENT # P99000029167

1. Entity Name
AMASON INC.

Principal Place of Business 9426 FRED STREET HUDSON FL 34669	Mailing Address 9426 FRED STREET HUDSON FL 34669-1874
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRYSTUPA, CURT 9426 FRED STREET HUDSON FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRYSTUPA, CATHY 9426 FRED STREET HUDSON FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **7/20/00** DAYTIME PHONE #: **352 628-2110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C-121E-034 (9/99)

Form **SS-4**

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

Application for Employer Identification Number

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

▶ Keep a copy for your records.

106661
EIN
OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
AMASON, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
9426 Fred St.

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Hudson, FL 34669

5b City, state, and ZIP code

6 County and state where principal business is located
Pasco, Florida

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶
Curtis J. Prystupa 261-99-7252

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

- Sole proprietor (SSN)
- Partnership
- REMIC
- State/local government
- Church or church-controlled organization
- Other nonprofit organization (specify) ▶
- Other (specify) ▶ **Corporation**
- Estate (SSN of decedent)
- Plan administrator (SSN)
- Other corporation (specify) ▶
- Trust
- Federal government/military
- Personal service corp.
- National Guard
- Farmers' cooperative
- (enter GEN if applicable)

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.) (see instructions)

- Started new business (specify type) ▶
- Banking purpose (specify purpose) ▶
- Changed type of organization (specify new type) ▶
- Purchased going business
- Created a trust (specify type) ▶
- Other (specify) ▶
- Hired employees (Check the box and see line 12.)
- Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) (see instructions) **March 30, 1999** 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) ▶ **N/A**

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) ▶ **0**

14 Principal activity (see instructions) ▶ **Property Rental**

15 Is the principal business activity manufacturing? Yes No

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

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

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) **(727) 868-4193**
Fax telephone number (include area code) **(727) 868-4243**

Name and title (Please type or print clearly.) ▶ **Curtis J. Prystupa, Pres.**

Signature  Date ▶ **6-5-00**

Please leave blank ▶ No. Ind. Class Size Reason for applying