

# 2002 UNIFORM BUSINESS REPORT (UBR)

192  
003708 AT

DOCUMENT # **A99000002186**

1. Entity Name  
**PARTNERSHIP 1902, LTD.**

5/14/02 FILED

02 JUL -1 AM 8:58

Principal Place of Business  
**1902 REPUBLICAN DE CUBA AVE.  
TAMPA FL 33639**

Mailing Address  
**5001 49TH ST. NORTH  
ST. PETERSBURG FL 33709**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2. Principal Place of Business		3. Mailing Address		4. FEI Number		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		APPLIED FOR		Applied For Not Applicable	
City & State		City & State		DUE BY MAY 1, 2002			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WEBBER, ANDREW R</b>		Name	
<b>5001 49TH ST. NORTH</b>		Street Address (P.O. Box Number is Not Acceptable)	
<b>ST. PETERSBURG FL 33709</b>		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 **4/18/02**

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$15,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>S73120</b>	STREET ADDRESS	
NAME	<b>CARE HOUSEKEEPING, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>5001 49TH ST. NORTH</b>		
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33709</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/18/02** Daytime Phone #

CR2E003 (9/01)

Filed ON 6/25/02

292

Form **SS-4**

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

# **Application for Employer Identification Number**

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

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

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>Partnership 1902, LTD.</b>								
	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) <b>5001 49th St. N</b>		5a Street address (if different) (Do not enter a P.O. box.)						
	4b City, state, and ZIP code <b>St. Petersburg, FL 33709</b>		5b City, state, and ZIP code						
	6 County and state where principal business is located								
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>Cane House Keeping, INC.</b>		7b SSN, ITIN, or EIN <b>593117567</b>						
8a Type of entity (check only one box)									
<input type="checkbox"/> Sole proprietor (SSN) _____ <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____									
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <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 Foreign country							
9 Reason for applying (check only one box)									
<input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____									
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <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>1/1/99</b>		11 Closing month of accounting year <b>12/31</b>							
12 First date wages or annuities were paid or will be paid (month, day, year). <b>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year).</b> <b>1/1/02</b>									
13 Highest number of employees expected in the next 12 months. <b>Note: If the applicant does not expect to have any employees during the period, enter "-0-."</b>									
<table border="1"> <tr> <td>Agricultural</td> <td>Household</td> <td>Other</td> </tr> <tr> <td>0</td> <td>0</td> <td>0</td> </tr> </table>				Agricultural	Household	Other	0	0	0
Agricultural	Household	Other							
0	0	0							
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 checked="" type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail									
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>Food &amp; Beverage</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 <b>Note: If "Yes," please complete lines 16b and 16c.</b>									
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		Designee's telephone number (include area code)						
	Address and ZIP code		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) ▶ **Andrew R. Weber of Cane House Keeping**  
 Signature ▶ *[Signature]* Date ▶ **6/24/02**  
 Applicant's telephone number (include area code) **(727) 527-6539**  
 Applicant's fax number (include area code) **(727) 527-6419**