

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
Jul 05, 2000 8:00 am
Secretary of State

04-26-2000 90093 006 ***150.00

DOCUMENT # F99000000261

1. Entity Name
GREY GOLD, INC.

Principal Place of Business
**16212 BRIDLEWOOD CIRCLE
 DELRAY BEACH FL 33445**

Mailing Address
**16212 BRIDLEWOOD CIRCLE
 DELRAY BEACH FL 33445-6674**

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

65-1018639

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

**CARAVELLO, ELLEN
 16212 BRIDLEWOOD CIRCLE
 DELRAY BEACH FL 33445**

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	CST CARAVELLO, ELLEN 16212 BRIDLEWOOD CIRCLE DELRAY BEACH FL 33445 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOGUE, CAROLYN 44 WESFORD ON THE GREEN HILTON HEAD SC 29928 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, ROBERT L JR. 16212 BRIDLEWOOD CIRCLE DELRAY BEACH FL 33445 <input checked="" 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"/> Change <input type="checkbox"/> Addition
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"/> 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)(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 initial address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00

561 637 4600

CR2E034 (9/99)

Form

SS-4

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.

EIN

65-1018639

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

GREG GOLD, INC

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

3 Executor, trustee, "care of" name

ELLEN CARAVELLO, PRES

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

4801-11A UNION BLD-STE 230

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

4b City, state, and ZIP code

DELAWARE BEACH FL 33445

5b City, state, and ZIP code

6 County and state where principal business is located

PALM BEACH COUNTY, FL

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶

ELLEN CARAVELLO PRES

171-344555

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) ▶☐ Personal service corp.☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☒ Other corporation (specify) ▶ SUB S☐ Trust☐ Federal government/military

(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) ▶☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ▶☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)

04/99 1/14/99

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)

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)

Nonagricultural

Agricultural

Household

0

0

0

14 Principal activity (see instructions) ▶

CONSULTING

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ▶

☐ Yes☒ No

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)☐ Other (specify) ▶☐ Business (wholesale)☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

Note: If "Yes," please complete lines 17b and 17c.

☐ 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)

561 637 4660

Fax telephone number (include area code)

561 637 6585

Name and title (Please type or print clearly) ▶

Signature ▶

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

Date ▶ 5/29/00

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying