

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**  
05-07-2002 90387 006 \*\*\*\*50.00

**DOCUMENT # LOG000004575**

1. Entity Name

**CORWIN COMPUTER SERVICES LLC**

Principal Place of Business

**2122 SANDPIPER DRIVE  
CLEARWATER FL 33764-6618**

Mailing Address

**2122 SANDPIPER DRIVE  
CLEARWATER FL 33764-6618**

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 ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CANTOR, STEVEN L  
777 BRICKELL AVE  
SUITE 500  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **CANTOR, STEVEN L**  
Street Address (P.O. Box Number is Not Acceptable)  
**1001 BRICKELL BAY DRIVE**  
**SUITE 2908**  
City **MIAMI** FL Zip Code **33131**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **CORWIN, RICHARD W**  
STREET ADDRESS **2122 SANDPIPER DR.**  
CITY-ST-ZIP **CLEARWATER FL 33764-6618**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE** *Richard W. Corwin* **SIGNATURE REQUIRED** **RICHARD W. CORWIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/23/2002**

Date

**727-531-2044**

Daytime Phone #

CR2E083 (9/01)

Attachment  
955795  
#L00000004578

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>CORWIN COMPUTER SERVICES LLC</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name <b>RICHARD W. CORWIN</b>
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>2122 SANDPIPER DRIVE</b>	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code <b>CLEARWATER, FL 33764</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>PINELLAS COUNTY FLORIDA</b>	
	7a Name of principal officer, general partner, grantor, owner, or trustee <b>RICHARD W CORWIN</b>	7b SSN, ITIN, or EIN <b>118-30-2772</b>

8a Type of entity (check only one box)	<input type="checkbox"/> Estate (SSN of decedent)	
<input checked="" type="checkbox"/> Sole proprietor (SSN) <b>118-30-2772</b>	<input type="checkbox"/> Plan administrator (SSN)	
<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust (SSN of grantor)	
<input type="checkbox"/> Corporation (enter form number to be filed) ▶	<input type="checkbox"/> National Guard	<input type="checkbox"/> State/local government
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> REMIC	<input type="checkbox"/> Indian tribal governments/enterprises
<input type="checkbox"/> Other nonprofit organization (specify) ▶	Group Exemption Number (GEN) ▶	
<input type="checkbox"/> Other (specify) ▶		

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>FLORIDA</b>	Foreign country
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9 Reason for applying (check only one box)	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Created a trust (specify type) ▶
<input checked="" type="checkbox"/> Other (specify) ▶ <b>STATE REPORTING PURPOSES</b>	<input type="checkbox"/> Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) <b>4/12/2000</b>	11 Closing month of accounting year <b>DECEMBER</b>
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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)
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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-."	Agricultural <b>-0-</b>	Household <b>-0-</b>	Other <b>-0-</b>
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14 Check one box that best describes the principal activity of your business.	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Construction	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other
<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Retail
<input type="checkbox"/> Real estate	<input checked="" type="checkbox"/> Other (specify) <b>CONSULTING</b>	

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>COMPUTER CONSULTING SERVICES</b>
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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 Note: If "Yes," please complete lines 16b and 16c.
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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 ▶
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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
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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) ▶ <b>RICHARD W CORWIN</b>	<b>OWNER</b>	Applicant's telephone number (include area code) <b>(727) 531-2044</b>
Signature ▶ <i>Richard W Corwin</i>	Date ▶ <b>4/24/2002</b>	Applicant's fax number (include area code) <b>(813) 354-2692</b>