

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

0039659

05-13-2002 90206 002 ****50.00

DOCUMENT # L00000011977

1. Entity Name

IRWIN CONTRACTING OF EAST FLORIDA, LLC

Principal Place of Business

**100 SECOND AVENUE NORTH, SUITE 200
 ST. PETERSBURG FL 33701**

Mailing Address

**P.O. BOX 429
 ST PETERSBURG FL 33731-0429**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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~~

~~7. Name and Address of New Registered Agent~~

**IRWIN, IAN F
 100 SECOND AVENUE NORTH, SUITE 200
 ST. PETERSBURG FL 33701**

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

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

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR 4I, LLC 100 SECOND AVENUE NORTH, SUITE 200 ST. PETERSBURG FL 33701 | <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"/> Delete |
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| | | |
|--|--|---|
| 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 |

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:

[Signature]
4I, LLC Manager
By Ian F Irwin

4/29/02

(727)821-5178

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

Date

Daytime Phone #

CR2E083 (9/01)

Attachment
900949
L00000011977

Form **SS-4**

Application for Employer Identification Number

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

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

EIN _____

OMB No. 1545-0003

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

| | | |
|------------------------|---|---|
| Type or print clearly. | 1 Legal name of entity (or individual) for whom the EIN is being requested Irwin Contracting of East Florida, LLC | |
| | 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) PO Box 429 | 5a Street address (if different) (Do not enter a P.O. box.) 100 Second Avenue North Suite 200 |
| | 4b City, state, and ZIP code St Petersburg, FL 33731-0429 | 5b City, state, and ZIP code St Petersburg, FL 33701 |
| | 6 County and state where principal business is located Pinellas County, Florida | |
| | 7a Name of principal officer, general partner, grantor, owner, or trustor 4I, LLC | 7b SSN, ITIN, or EIN 59-3668765 |

8a Type of entity (check only one box)

| | |
|--|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input checked="" type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ | <input checked="" type="checkbox"/> Trust (SSN of grantor) |
| <input type="checkbox"/> Personal service corp. | <input type="checkbox"/> National Guard |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> State/local government |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ | <input type="checkbox"/> Farmers' cooperative |
| <input checked="" type="checkbox"/> Other (specify) ▶ Florida LLC | <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"/> Banking purpose (specify purpose) ▶ _____ |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ |
| <input type="checkbox"/> Compliance with IRS withholding regulations | <input type="checkbox"/> Purchased going business |
| <input checked="" type="checkbox"/> Other (specify) ▶ Need for Florida UBR | <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) **September 2000**

11 Closing month of accounting year **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-"

| | | |
|--------------|-----------|-------|
| Agricultural | Household | Other |
| -0- | -0- | -0- |

14 Check one box that best describes the principal activity of your business.

| | | | | |
|--|---|---|--|---|
| <input checked="" type="checkbox"/> Construction | <input type="checkbox"/> Rental & leasing | <input type="checkbox"/> Transportation & warehousing | <input type="checkbox"/> Health care & social assistance | <input type="checkbox"/> Wholesale-agent/broker |
| <input type="checkbox"/> Real estate | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance & insurance | <input type="checkbox"/> Accommodation & food service | <input type="checkbox"/> Wholesale-other |
| | | | <input type="checkbox"/> Other (specify) INACTIVE | <input type="checkbox"/> Retail |

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
N/A Inactive at this time.

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 16b and 16c.

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.

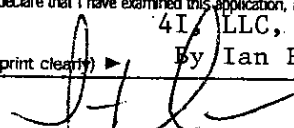
| | | |
|--|----------------------------|--------------|
| Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN |
|--|----------------------------|--------------|

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) ▶ **4I, LLC, Manager**
By Ian F Irwin, Manager

Signature ▶  Date ▶ **4/29/02**

Applicant's telephone number (include area code) **(727) 821-5178**

Applicant's fax number (include area code) **(727) 827-9563**