

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00Q00015522**

1. Entity Name

EBIZ ENTERPRISES LLC**FILED****2002 OCT 30 AM 9:45****DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

Principal Place of Business

**21083 SWEETWATER LANE NORTH
BOCA RATON FL 33428**

Mailing Address

**21083 SWEETWATER LANE NORTH
BOCA RATON FL 33428**

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

7. Name and Address of New Registered Agent

**BALLERANO, JAMES A JR.
21083 SWEETWATER LANE NORTH
BOCA RATON FL 33428**

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. I am familiar with, and accept the obligations of registered agent.

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 September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BALLERANO, JAMES A JR.
21083 SWEETWATER LANE NORTH
BOCA RATON FL 33428** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED

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

Date

Daytime Phone #

9/20/02

501-272-1225

CR2E083 (4/02)

202

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

Ebiz Enterprises 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)

21083 Sweetwater Lane North

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code

Boca Raton, FL 33428

5b City, state, and ZIP code

6 County and state where principal business is located

Palm Beach County, Florida

7a Name of principal officer, general partner, grantor, owner, or trustee

James A. Ballerano, Jr.

7b SSN, ITIN, or EIN

116-38-8026

8a Type of entity (check only one box)

☐ Sole proprietor (SSN) **116 38 8026**

☐ Partnership

☐ Corporation (enter form number to be filed) ▶

☐ Personal service corp.

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ▶

☒ Other (specify) ▶ **Limited Liability Company**

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Trust (SSN of grantor)

☐ National Guard

☐ State/local government

☐ Farmers' cooperative

☐ Federal government/military

☐ REMIC

☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

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)

☐ Started new business (specify type) ▶

☐ Hired employees (Check the box and see line 12.)

☐ Compliance with IRS withholding regulations

☐ Other (specify) ▶

☒ Banking purpose (specify purpose) ▶ **Checking**

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Created a trust (specify type) ▶

☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)
01/01/01

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) ▶ **04/30/02**

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

1

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

☐ Construction

☐ Rental & leasing

☐ Transportation & warehousing

☐ Real estate

☒ Manufacturing

☐ Finance & insurance

☐ Health care & social assistance

☐ Accommodation & food service

☐ Other (specify)

☐ Wholesale-agent/broker

☐ Wholesale-other

☐ Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Computer/Electronic Commerce

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) ▶ **James A. Ballerano, Jr.**

Applicant's telephone number (include area code)

(**561**) **483-4928**

Signature ▶

Date ▶ **10/25/02**

Applicant's fax number (include area code)

(**561**) **852-9892**

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N

Form **SS-4** (Rev. 12-2001)

CHAPIN, ARMSTRONG & BALLERANO

ATTORNEYS AT LAW
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E-MAIL JBallerano@chapin-law.com

ROBERT D. CHAPIN *
DAVID G. ARMSTRONG *
JAMES A. BALLERANO, JR.
BRIAN G. CHESLACK

CERTIFIED BY FLORIDA BAR
WILLS, TRUSTS AND ESTATES AND
FELLOW, AMERICAN COLLEGE OF
TRUST AND ESTATE COUNSEL

LEGAL ASSISTANTS

CYNTHIA C. SEAMAN
JENNIFER A. WATKINS
HELEN COSHONIS

October 28, 2002

Via Federal Express
850-245-6051

Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: EBIZ Enterprises LLC
L00000015522

Dear Sir/Madam:

In connection with the above-referenced Limited Liability Corporation, enclosed is a copy of the Application for Employer Identification Number as requested.

Please file the annual report already in your possession.

If you have any questions or require any additional information, please do not hesitate to call.

Sincerely,


James A. Ballerano, Jr.

JAB:dcc
Enclosures