

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 02, 2002 8:00 am
Secretary of State

09-22-2002 90066 022 ****50.00

DOCUMENT # L01000009640

1. Entity Name

QUICKBEAM, LLC

Principal Place of Business

175 - 5TH ST., S.W., SUITE 101
WINTER HAVEN FL 33880

Mailing Address

PO BOX 7378
WINTER HAVEN FL 33883-7378

2. Principal Place of Business

203 Ave A NW

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

Winter Haven FL

City & State

Zip

33881

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

STRANG, CARL J III
 175 - 5TH ST., S.W., SUITE 101
 WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

203 Ave A NW Suite 300

City Winter Haven

FL

Zip Code 33880

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Carl J Strang III	
STREET ADDRESS	203 Ave A NW	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Kerry Wilson	
STREET ADDRESS	141 5th St NW	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Carl J Strang Jr	
STREET ADDRESS	203 Ave A NW Suite 300	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	Treas	<input type="checkbox"/> Delete
NAME	Joe Bogdahn	
STREET ADDRESS	62 Fourm St	
CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (4/02)

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 #

Form **SS-4**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service**Attachment**
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
QUICKBEAM, 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)
175 5TH ST. S.W. SUITE 101

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

4b City, state and ZIP code

5b City, state, and ZIP code

WINTER HAVEN, FLORIDA 338806 County and state where principal business is located
POLK COUNTY, FLORIDA7a Name of principal officer, general partner, grantor, owner, or trustor
CARL J. STRANG III7b SSN, ITIN, or EIN
264-84-6021

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)☒ Partnership☐ Corporation (enter form number to be filed) ▶☐ Personal service corp.☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ▶☐ Other (specify) ▶☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Trust (SSN of grantor)☐ National Guard☐ Farmers' cooperative☐ REMIC

Group Exemption Number (GEN) ▶

☐ State/local government☐ Federal government/military☐ Indian tribal governments/enterprises8b If a corporation, name the state or foreign country
(if applicable) where incorporated

State

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶**REAL ESTATE**☐ Hired employees (Check the box and see line 12.)☐ Compliance with IRS withholding regulations☐ Other (specify) ▶☐ Banking purpose (specify purpose) ▶☐ 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)
SEPTEMBER 1, 200211 Closing month of accounting year
DECEMBER12 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 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.

☐ Construction☐ Rental & leasing☐ Transportation & warehousing☐ Health care & social assistance☐ Wholesale - agent/broker☒ Real estate☐ Manufacturing☐ Finance & insurance☐ Accommodation & food service☐ Wholesale - other☐ Retail15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
REAL ESTATE OWNERSHIP16a Has the applicant ever applied for an employer identification number for this or any other business?
Note: If "yes," please complete lines 16b and 16c.☐ Yes☒ No

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) ▶ **CARL J. STRANG, III, MEMBER**

Applicant's telephone number (include area code)

(863) 299-1195

Signature ▶

Date ▶

Applicant's fax number (include area code)

(863) 297-5709

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

ISA
STF FED769F.1Form **SS-4** (Rev. 12-2001)