

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90053 033 ****50.00

DOCUMENT # L01000019170

1. Entity Name

EMERALD COAST STONEWERKS LLC

Principal Place of Business

**11 LEWIS DRIVE
HURLBURT FIELD FL 32544**

Mailing Address

**11 LEWIS DRIVE
HURLBURT FIELD FL 32544**

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

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CODY, DEBORAH G
11 LEWIS DRIVE
HURLBURT FIELD FL 32544**

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CODY, DEBORAH G
11 LEWIS DRIVE
HURLBURT FIELD FL 32544** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CODY, BILL
11 LEWIS DRIVE
HURLBURT FIELD FL 32544** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE
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: *Deborah G. Cody*

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

Date

Daytime Phone #

1/7/02 (850) 581-3329

CR2E083 (9/01)

Form **SS-4**

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service**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

OMB No. 1545-0003

Please type or print clearly.

| | | |
|---|---|--|
| 1 Name of applicant (legal name) (see instructions) | <u>WILLIAM R CODY JR. / Deborah G. Cody</u> | |
| 2 Trade name of business (if different from name on line 1) | <u>STONEWERKS (Emerald Coast)</u> | |
| 3 Executor, trustee, "care of" name | <u>MARY ESTHER, FL 32569</u> | |
| 4a Mailing address (street address) (room, apt., or suite no.) | <u>11 LEWIS DRIVE</u> | |
| 5a Business address (if different from address on lines 4a and 4b) | <u>PO BOX 483</u> | |
| 4b City, state, and ZIP code | <u>HURLBURT FIELD, FL 32541</u> | |
| 5b City, state, and ZIP code | <u>MARY ESTHER, FL 32569</u> | |
| 6 County and state where principal business is located | <u>OKALOOSA COUNTY, FLORIDA</u> | |
| 7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► | <u>WILLIAM R. CODY JR., 452-86-4256</u> | |

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

| | |
|---|---|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input checked="" type="checkbox"/> Other corporation (specify) ► <u>L.L.C.</u> |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable) |
| <input type="checkbox"/> Other (specify) ► | |

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.) (see instructions) | <input type="checkbox"/> Banking purpose (specify purpose) ► |
| <input checked="" 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"/> Created a pension plan (specify type) ► | <input type="checkbox"/> Created a trust (specify type) ► |
| | <input type="checkbox"/> Other (specify) ► |

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

MARCH 16, 2001

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)

11 JULY 2001

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)

214 Principal activity (see instructions) ► HAND MADE SHOE DISTRIBUTOR BETWEEN MANUFACTURER - CONTRACT

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)

(850) 581-3329

Fax telephone number (include area code)

(850) 581-3329Name and title (Please type or print clearly.) ► WILLIAM R. CODY JR., OWNERSignature ► William R Cody Jr & Deborah G. Cody Date ► 7/1/01

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

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying