

1/11/02-90011-023-5

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90011 023 \*\*\*\*50.00

**DOCUMENT # L01000020494**

1. Entity Name

**J. STEVEN PERSONS & ASSOCIATES, LLC**

Principal Place of Business

1900 SOUTH TAMiami TRAIL, STE. D  
PUNTA GORDA FL 33950

Mailing Address

P.O. BOX 511134  
PUNTA GORDA FL 33951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

74-3029273

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUNDERSON, MIKE P ESQ.  
1861 PLACIDA RD., STE. 204  
ENGLEWOOD FL 34223-4949

7. Name and Address of New Registered Agent

Name **J. STEVEN PERSONS**

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

1900 SOUTH TAMiami TRAIL # D

City **PUNTA GORDA** FL Zip Code **33950**

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

1-8-2002

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

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>J. STEVEN PERSONS</b>	
STREET ADDRESS	<b>1900 SOUTH TAMiami TRAIL # D</b>	
CITY-ST-ZIP	<b>PUNTA GORDA, FL. 33950</b>	

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

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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: J. STEVEN PERSONS**

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

Date

Daytime Phone #

1-8-2002 941-637-8336

CR2E083 (9/01)

# Application for Employer Identification Number

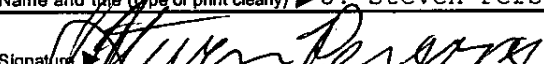
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line.

▶ Keep a copy for your records.

72002  
EIN **74-3029273**

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested J. Steven Persons & Associates, LLC		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name Steve Persons
	4a Mailing address (room, apt., suite no. and street, or P.O. box) P.O. Box 511134		5a Street address (if different) (Do not enter a P.O. box)
	4b City, state, and ZIP code Punta Gorda, FL 33951-1134		5b City, state, and ZIP code
	6 County and state where principal business is located Charlotte County, FL		
	7a Name of principal officer, general partner, grantor, owner, or trustor J. Steven Persons		7b SSN, ITIN, or EIN 262-90-3776
8a	Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ Limited Liability Company		<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <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) ▶ Real Estate sales/appraisal <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> 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) 3/1/02		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 <b>0</b>
14	Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____
15	Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.		
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.		
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 Steven Roy Gill, CPA Address and ZIP code P.O. Box 510308, Punta Gorda, FL 33951-0308		Designee's telephone number (include area code) (941) - 639-2146 Designee's fax number (include area code) (941) - 639-0558
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) ▶ J. Steven Persons, Managing Member			Applicant's telephone number (include area code) (941) - 637-8336
Signature ▶  Date ▶ 2-25-02			Applicant's fax number (include area code) (941) - 637-7895