

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90007 007 ****50.00

DOCUMENT # L02000006843

1. Entity Name

FLORIDA HOUSEWRIGHTS, L.L.C.



Principal Place of Business

**17965 COURTSIDE LANDINGS CIRCLE
PUNTA GORDA FL 33955**

Mailing Address

**P.O. BOX 151639
CAPE CORAL FL 33915**

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

7. Name and Address of New Registered Agent

**VLASAK SNELL, MARY
1833 HENDRY ST.
FORT MYERS FL**

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAWSON, BRUCE A 17965 COURTSIDE LANDINGS CIRCLE PUNTA GORDA FL 33955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Bruce A. Lawson
SIGNATURE REQUIRED

2/27/03

941-916-1472

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

Date

Daytime Phone #

CR2E083 (10/02)

Attachment # L02000006843/30089844

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 FLORIDA Housewrights LLC					
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name BRUCE A. LAWSON			
4a Mailing address (room, apt., suite no. and street, or P.O. box) P.O. BOX 151639		5a Street address (if different) (Do not enter a P.O. box.) 17965 COURTSIDE LANDINGS Circle			
4b City, state, and ZIP code CAPE CORAL FL 33915-1639		5b City, state, and ZIP code PUNTA GORDA FL 33955			
6 County and state where principal business is located LEE, FLORIDA					
7a Name of principal officer, general partner, grantor, owner, or trustor BRUCE A. LAWSON		7b SSN, ITIN, or EIN 464-76-5123			
8a Type of entity (check only one box) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <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) ▶ LLC </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input checked="" 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) ▶ _____ </td> </tr> </table>			<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) ▶ LLC	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input checked="" 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) ▶ _____	
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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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Started new business (specify type) ▶ RESIDENTIAL CONTRACTOR <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) ▶ _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ </td> </tr> </table>			<input checked="" type="checkbox"/> Started new business (specify type) ▶ RESIDENTIAL CONTRACTOR <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) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____	
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10 Date business started or acquired (month, day, year) JANUARY 17, 2003		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 2 Other _____			
14 Check one box that best describes the principal activity of your business. <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Real estate <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Manufacturing </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Other (specify) _____ </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail </td> </tr> </table>			<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Real estate <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail
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15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. RESIDENTIAL CONTRACTOR					
16a Has the applicant ever applied for an employer identification number for this or any other business? Yes <input checked="" type="checkbox"/> <input 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 ▶ The ESSCK Group LLC 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) 1997 City and state where filed _____ Previous EIN 06-1503549					
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 _____ Address and ZIP code _____ Designee's telephone number (include area 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.		Applicant's telephone number (include area code) (941) 916-1472 Applicant's fax number (include area code) (941) 637-0115			
Name and title (type or print clearly) ▶ Bruce A. Lawson					
Signature ▶ Bruce A. Lawson Date ▶ 2/27/03					

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

Cat. No. 16055N

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