

2000 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED

Jul 07, 2000 8:00 am
Secretary of State

04-25-2000 90122 026 ****61.25

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1. Entity Name

THE BACKFLOW PREVENTION MANUFACTURER'S ASSOCIATI

Principal Place of Business

Mailing Address

250 LANE AVE N
JACKSONVILLE FL 32254

250 LANE AVE N
JACKSONVILLE FL 32254-2815

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 ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVINE, MICHAEL J
250 LANE AVE N
JACKSONVILLE FL 32254

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME TD
STREET ADDRESS DEVINE, MICHAEL J
CITY-ST-ZIP 250 LANE AVE N
JACKSONVILLE FL 32254

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS MCCOY, JIM
CITY-ST-ZIP 1257 WORCESTER RD #200
FRAMINGHAM, MA 01701

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS FIELDS, RICK
CITY-ST-ZIP 1747 COMMERCE WAY
PASO ROBLES CA 93446

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

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) BACKFLOW PREVENTION MANUFACTURER'S ASSOCIATION, INC.	
	2 Trade name of business (if different from name on line 1) BPMA	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 250 LANE AVE. N	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code JACKSONVILLE, FL 32254	5b City, state, and ZIP code
	6 County and state where principal business is located DUVAL, FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► MICHAEL J. DEVINE, TREASURER	

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) ► 8b - REG. CORP. |
| <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 FLORIDA	Foreign country
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|---|--|
| 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) ► CORP. - NOT FOR PROFIT | <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) 8/20/98	11 Closing month of accounting year (see instructions) DECEMBER
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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 NO EMPLOYEES
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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)	Nonagricultural	Agricultural	Household
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14 Principal activity (see instructions) ► BUSINESS/INDUSTRY PROMOTION

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►

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.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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 ►
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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
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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) (904) 786-0204
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Name and title (Please type or print clearly.) ► MICHAEL J. DEVINE, TREAS.	Fax telephone number (include area code) (904) 783-6965
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Signature ► <i>Michael Devine</i>	Date ► 6/29/00
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Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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