

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90201 010 ***150.00

DOCUMENT # P00000024885

1. Entity Name

INDUSTRIAL SOUTH OWNERS ASSOCIATION, INC.

Principal Place of Business

**2050 FORBES ST.
 JACKSONVILLE FL 32204**

Mailing Address

**2050 FORBES ST.
 JACKSONVILLE FL 32204**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

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

SAFER, ELIOT J

**10110 SAN JOSE BLVD
 JACKSONVILLE FL 32257**

Name

SAM W. RODANTE

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

2050 FORBES ST.

City

JACKSONVILLE

FL

32204

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

SAM W. RODANTE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-1-02

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **RODANTE, SAM W**
 STREET ADDRESS **2050 FORBES ST.**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **D** ☐ Delete
 NAME **DIXON, CARLTON**
 STREET ADDRESS **2050 FORBES ST.**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **D** ☐ Delete
 NAME **DIXON, GOTT M**
 STREET ADDRESS **2050 FORBES ST.**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME **Director**
 NAME **DAVID C. BRENT**
 STREET ADDRESS **5772 MINING TERR**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☒ Change ☐ Addition
 NAME **Director**
 NAME **DAVID SILVERBERG**
 STREET ADDRESS **5784 MINING TERR**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SAM W. RODANTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-1-02

Daytime Phone #

384-9961

CR2E034 (9/01)

Attachment 87459 # P00000024885

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 INDUSTRIAL SOUTH OWNERS ASSOCIATION, INC.		
	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) 2050 FORBES ST	5a Street address (if different) (Do not enter a P.O. box.)	
	4b City, state, and ZIP code JACKSONVILLE FL 32204	5b City, state, and ZIP code	
	6 County and state where principal business is located DUVAL FLORIDA		
	7a Name of principal officer, general partner, grantor, owner, or trustor SAM W. RODANTE	7b SSN, ITIN, or EIN 266-58-7398	
8a Type of entity (check only one box)		<input type="checkbox"/> Estate (SSN of decedent)	
<input type="checkbox"/> Sole proprietor (SSN)		<input type="checkbox"/> Plan administrator (SSN)	
<input checked="" type="checkbox"/> Partnership		<input type="checkbox"/> Trust (SSN of grantor)	
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶		<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	
<input type="checkbox"/> Personal service corp.		<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	
<input type="checkbox"/> Other nonprofit organization (specify) ▶		Group Exemption Number (GEN) ▶	
<input type="checkbox"/> Other (specify) ▶			
8b If a corporation, name the state or foreign country (if applicable) where incorporated FLORIDA		Foreign country	
9 Reason for applying (check only one box)		<input type="checkbox"/> Banking purpose (specify purpose) ▶	
<input checked="" type="checkbox"/> Started new business (specify type) ▶ NON PROFIT MANAGEMENT		<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"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Created a trust (specify type) ▶	
<input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Created a pension plan (specify type) ▶	
10 Date business started or acquired (month, day, year) JAN 2000		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) ▶ No Employees			
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
		0	0
14 Check one box that best describes the principal activity of your business.		Other	
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker		<input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail	
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) PROPERTY OWNERS ASSOCIATION			
15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided None			

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	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) ▶ SAM W. RODANTE Secretary	Applicant's telephone number (include area code) (904) 384-9961
Signature ▶ [Signature]	Applicant's fax number (include area code) (904) 358-8311
Date ▶ 5-14-02	