

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 01, 2002 8:00 am
Secretary of State

05-24-2002 90555 007 ***150.00

DOCUMENT # P00000063386

1. Entity Name

YAHWEH RECORDS INCORPORATED

Principal Place of Business

3101 S.W. 34TH AVENUE, SUITE 905
PMB 257
OCALA FL 34474

Mailing Address

3101 S.W. 34TH AVENUE, SUITE 905
PMB 257
OCALA FL 34474

37077

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

50-0003730

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SZIKLAI, PETER J

1301 N.E. 14TH STREET, STE. 4

OCALA FL 34470

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DACE
MYERS, MICHAEL B
3101 S.W. 34TH AVE., SUITE 905, PMB 257
OCALA FL 34474**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**LC
SZIKLAI, PETER J
1301 NE 14 STREET, SUITE 4
OCALA FL 34470**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCEO
YAHWEH, LORD
3401 SW 34 AVE., SUITE 905 PMB 257
OCALA FL 34474**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HACKETT, MARY A
8180 S. MAGNOLIA AVE
OCALA FL 34474**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

YAHWEH RECORDS INCORPORATED B. MYERS

Date

Daytime Phone #

CR2E034 (9/01)

attachment # 37077 # P000000 63386

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 **50-0003730**

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested YAHWEH RECORDS INCORPORATED		
	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) 3101 SW 34TH AVE SUITE 905 PMB 357		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code OCALA, FL 34474		5b City, state, and ZIP code
	6 County and state where principal business is located MARION CTY, FLORIDA		
	7a Name of principal officer, general partner, grantor, owner, or trustee MICHAEL MYERS		7b SSN, ITIN, or EIN 548-13-1655
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN)			
<input type="checkbox"/> Partnership			
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) 1120			
<input type="checkbox"/> Personal service corp.			
<input type="checkbox"/> Church or church-controlled organization			
<input type="checkbox"/> Other nonprofit organization (specify)			
<input type="checkbox"/> Other (specify)			
<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 government/enterprise			
Group Exemption Number (GEO)			
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)			
<input type="checkbox"/> Started new business (specify type)			
<input type="checkbox"/> Banking purpose (specify purpose)			
<input type="checkbox"/> Changed type of organization (specify new type)			
<input type="checkbox"/> Purchased going business W & I - FIELD ASSISTANCE			
<input type="checkbox"/> Created a trust (specify type)			
<input type="checkbox"/> Created a pension plan (specify type)			
<input checked="" type="checkbox"/> Other (specify) REQUIRED BY STATE OF FLORIDA CORP. OFFICE			
10 Date business started or acquired (month, day, year) JULY 2000			
11 Closing month of accounting year			
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)			
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			
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 type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker			
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <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	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) ▶ **MICHAEL MYERS DACE**

Signature ▶

Date ▶ **6/26/02**

Applicant's telephone number (include area code)

(813) 386-9317

Applicant's fax number (include area code)

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