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

04-01-2002 90032 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000076382

1. Entity Name

GLOBAL STAIR SYSTEMS, INC.

Principal Place of Business

2119 PARK CENTRAL BLVD NORTH
POMPANO BEACH FL 33064

Mailing Address

2119 PARK CENTRAL BLVD NORTH
POMPANO BEACH FL 33064

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

BOB AGENT CO

2500 N MILITARY TRAIL #480

BOCA RATON FL 33431

Name

B-D-B Agent Co.

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

City

name

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **CHEPONIS, ALPHONSO J III**
 STREET ADDRESS **2119 PARK CENTRAL BLVD N**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **DPST** ☐ Delete
 NAME **CHEPONIS, MINDY DISCALA**
 STREET ADDRESS **2119 PARK CENTRAL BLVD N**
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS **Vice President**
 CITY-ST-ZIP **Secretary**

TITLE ☐ Change ☐ Addition
 NAME **Director**
 STREET ADDRESS **President**
 CITY-ST-ZIP **Treasurer**

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

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

200128 R10564



Department of the Treasury
Internal Revenue Service
ATLANTA GA 39901

Attachment
26730
HPO00000762
07953-583-01191-1 12581 261
SB

Date of this notice:
Taxpayer Identifying Number
Form:

JULY 23, 2001
65-1110749

Tax Period:

For assistance you may
call us at:

1-800-829-1040

Or you may write to us at
the address shown at the
left. If you write, be
sure to attach the bottom
part of this notice.

GLOBAL STAIR SYSTEMS INC
2119 PARK CENTRAL BLVD N
POMPANO BCH FL 33064-2210199

NOTICE OF ACCEPTANCE AS AN S-CORPORATION

YOUR ELECTION TO BE TREATED AS AN S-CORPORATION WITH AN ACCOUNTING PERIOD OF
DECEMBER IS ACCEPTED. THE ELECTION IS EFFECTIVE BEGINNING MAY 1, 2001, SUBJECT TO
VERIFICATION IF WE EXAMINE YOUR RETURN.

IF YOUR EFFECTIVE DATE IS NOT AS REQUESTED, IT WILL HAVE BEEN CHANGED FOR ONE OF
TWO REASONS. EITHER YOUR ELECTION WAS MADE AFTER THE 15TH DAY OF THE THIRD MONTH OF
THE TAX YEAR TO WHICH IT APPLIES, BUT BEFORE THE END OF THAT TAX YEAR, OR THE ELECTION
WHEN SUBMITTED WAS INCOMPLETE, AND REQUESTED INFORMATION WAS RECEIVED AFTER THE FILING
PERIOD. IN EITHER CASE, YOUR ELECTION IS INVALID FOR THE TAX YEAR REQUESTED AND HAS
THEREFORE, BEEN TREATED AS THOUGH IT WERE MADE FOR THE NEXT TAX YEAR.

PLEASE KEEP THIS NOTICE IN YOUR PERMANENT RECORDS AS VERIFICATION OF YOUR
ACCEPTANCE AS AN S-CORPORATION.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTIONS WE HAVE TAKEN, PLEASE
WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, YOU MAY CALL US AT THE IRS
TELEPHONE NUMBER LISTED IN YOUR LOCAL DIRECTORY. AN EMPLOYEE THERE MAY BE ABLE TO
HELP YOU. HOWEVER, THE OFFICE AT THE ADDRESS SHOWN ON THIS NOTICE IS MOST FAMILIAR
WITH YOUR CASE.

IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT
TIME FOR US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOUR INQUIRY. PLEASE RETURN THE
BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on
telephone calls.

Keep this part for your records

Return this part to us with your check or inquiry

Overlay 5 Form 8480 (Rev.8-91)

Your telephone number:

Best time to call

200128

261

07953-583-01191-1

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

GLOBAL STAIR SYSTEMS INC
2119 PARK CENTRAL BLVD N
POMPANO BCH FL 33064-2210199

651110749 II 00 000000

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)

GLOBAL STAIR SYSTEMS, INC.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

c/o Mindy J. Cheponis, President

4a Mailing address (street address) (room, apt., or suite no.)

2119 PARK CENTRAL BLVD. NORTH

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

POMPANO BEACH FL 33064

5b City, state, and ZIP code

6 County and state where principal business is located

Broward County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor — SSN or ITIN may be required (see instructions) ► Mindy J.

Cheponis, President, SS#

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ►☐ Other (specify) ►☐ Personal service corp.☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☒ Other corporation (specify) ► S corporation☐ Trust☐ Federal government/military

(enter GEN if applicable)

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.) (see instructions)

☒ Started new business (specify type) ►

management company

☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ►☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Purchased going business☐ Created a trust (specify type) ►☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

incorporated on August 11, 2000

11 Closing month of accounting year (see instructions)

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-. (see instructions) ►

Nonagricultural

N/A

Agricultural

N/A

Household

N/A

14 Principal activity (see instructions) ► manage company that builds and sells custom-built staircases

15 Is the principal business activity manufacturing?

If "Yes," principal product and raw material used ►

☐ Yes☒ No

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)☐ Other (specify) ►☐ Business (wholesale)☒ N/A17a 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. ☐ Yes ☒ No

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 ►

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

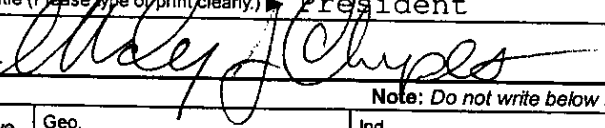
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► Mindy J. Cheponis

President

Signature ► 

Date ►

Note: Do not write below this line. For official use only.

Please leave
blank ►

Geo.

Ind.

Class

Size

Reason for applying