

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P00000082699

1. Entity Name  
C-4, INC.

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90005 025 \*\*\*158.75

Principal Place of Business  
PO BOX 222881  
WEST PALM BEACH FL 33422

Mailing Address  
PO BOX 222861  
WEST PALM BEACH FL 33422

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number ☒ Applied For ☐ Not Applicable

Zip Country

Zip Country

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

BROWN, REGINALD  
1710 W. 45TH ST., UNIT C-8  
WEST PALM BEACH FL 33407

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when releasing) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D BROWN, REGINALD  
PO BOX 222881  
WEST PALM BEACH FL 33422 ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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

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 637, 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: Reginald Brown REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20034 (5/01)

Form **SS-4**(Rev. February 1998)  
Department of the Treasury  
Internal Revenue Service**Attachment 11731 P00000082699**  
**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

|  |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
|--|--|---|--|--|---|--------------------------------------|---|--------------------------------|--|---|--------------------------------|---|--|---|---------------------------|--|--|
| Please type or print clearly.  | 1 Name of applicant (legal name) (see instructions)<br><u>Reginald Brown</u>   |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
|  | 2 Trade name of business (if different from name on line 1)<br><u>C-4, Inc.</u>  |   | 3 Executor, trustee, "care of" name<br><u>Reginald Brown</u>       |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
|  | 4a Mailing address (street address) (room, apt., or suite no.)<br><u>PO Box 222861</u>   |   | 5a Business address (if different from address on lines 4a and 4b) |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
|  | 4b City, state, and ZIP code<br><u>WIPB FL 33422</u>   |   | 5b City, state, and ZIP code                                       |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
|  | 6 County and state where principal business is located<br><u>Palm Beach FL</u>   |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
|  | 7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►<br><u>Reginald Brown 112-56-4450</u> |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
|  | 8a Type of entity (Check only one box.) (see instructions)<br>Caution: If applicant is a limited liability company, see the instructions for line 8a.          |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| <table border="0"><tr><td><input type="checkbox"/> Sole proprietor (SSN)</td><td><input type="checkbox"/> Estate (SSN of decedent)</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Plan administrator (SSN)</td></tr><tr><td><input type="checkbox"/> REMIC</td><td><input type="checkbox"/> Other corporation (specify) ►</td></tr><tr><td><input type="checkbox"/> State/local government</td><td><input type="checkbox"/> Trust</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td><input type="checkbox"/> Federal government/military</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) ►</td><td>(enter GEN if applicable)</td></tr><tr><td colspan="2"><input checked="" type="checkbox"/> Other (specify) ► <u>Corporation</u></td></tr></table> |  |   |  | <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 type="checkbox"/> Other corporation (specify) ► | <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 checked="" type="checkbox"/> Other (specify) ► <u>Corporation</u> |  |
| <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 type="checkbox"/> Other corporation (specify) ►   |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| <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 checked="" type="checkbox"/> Other (specify) ► <u>Corporation</u>   |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| 8b If a corporation, name the state or foreign country (if applicable) where incorporated  |  | State<br><u>Florida</u>   | Foreign country  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| 9 Reason for applying (Check only one box.) (see instructions)   |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| <input checked="" type="checkbox"/> Started new business (specify type) ► <u>consulting</u>  |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| <input type="checkbox"/> <u>Paperwork processing</u>   |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| <input type="checkbox"/> Purchased going business  |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| <input type="checkbox"/> Created a trust (specify type) ►  |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| <input type="checkbox"/> Other (specify) ►   |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| 10 Date business started or acquired (month, day, year) (see instructions)<br><u>January 1, 2001</u>   |  | 11 Closing month of accounting year (see instructions)<br><u>December</u> |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| 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) . . . . .<br><u>none paid</u>  |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| 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) . . . . .   |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| 14 Principal activity (see instructions) ► <u>Paperwork processing</u>   |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| 15 Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| If "Yes," principal product and raw material used ►  |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| 16 To whom are most of the products or services sold? Please check one box. . . . . <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► <input type="checkbox"/> N/A  |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| 17a 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 17b and 17c.   |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| 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.<br>Legal name ► Trade name ►   |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| 17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.<br>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)<br><u>561-721-1127</u>   |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| Fax telephone number (include area code)<br><u>561-833-6131</u>  |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| Name and title (Please type or print clearly.) ► <u>Reginald Brown, owner</u>  |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| Signature ► <u>Reginald Brown</u> Date ► <u>8/21/01</u>  |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| Note: Do not write below this line. For official use only.   |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |
| Please leave blank ► Geo. Ind. Class Size Reason for applying  |  |   |  |  |   |                                      |   |                                |  |   |                                |   |  |   |                           |  |  |