

3/11

FILED**Apr 28, 2002 8:00 am**
Secretary of State

03-18-2002 90059 018 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000085479**1. Entity Name
SITE INFO ACQUISITIONS, INC.Principal Place of Business
**10749 LENOX RD.
COOPER CITY FL 33026**Mailing Address
**10749 LENOX RD.
COOPER CITY FL 33026**2. Principal Place of Business
10995 NEPTUNE DR.
Suite, Apt. #, etc. _____3. Mailing Address
10995 NEPTUNE DR.
Suite, Apt. #, etc. _____City & State
COOPER CITY, FLCity & State
COOPER CITY, FLZip
33026Country
U.S.A.Zip
33026Country
USA4. FEI Number
01-0628351Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PITTER, DAVE A
10749 LENOX RD.
COOPER CITY FL 33026**

7. Name and Address of New Registered Agent

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 _____

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 **PD
PITTER, DAVE A**
STREET ADDRESS **10749 LENOX RD.**
CITY-ST-ZIP **COOPER CITY FL 33026** ☐ DeleteTITLE _____
NAME **T
LEE, ANDREA**
STREET ADDRESS **10749 LENOX RD.**
CITY-ST-ZIP **COOPER CITY FL 33026** ☒ DeleteTITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ DeleteTITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ DeleteTITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ DeleteTITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____
NAME **BURGESS, KAREN**
STREET ADDRESS **10995 NEPTUNE DR.**
CITY-ST-ZIP **COOPER CITY, FL 33026** ☐ Change ☒ AdditionTITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ AdditionTITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ AdditionTITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ AdditionTITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____ ☐ Change ☐ AdditionTITLE _____
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45202

Attachment 257021
DATE OF THIS NOTICE: 03-21-2002 #P100000085
NUMBER OF THIS NOTICE: CP 575-A
EMPLOYER IDENTIFICATION NUMBER: 01-0628351
FORM: SS-4
0134150068 B

FOR ASSISTANCE CALL US AT:
1-800-829-1040

SITE INFO ACQUISITIONS INC
10995 NEPTUNE DR
COOPER CITY FL 33026

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

~~WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)~~

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 01-0628351. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

Form 941	10/31/2002
Form 1120	03/18/2002
Form 940	01/31/2003

The due date of your return has passed and we have no record of receiving it. Please file your form by 04-05-2002. The penalties and interest will accrue from the date of the return until it is filed.

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.