2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 17, 2001 8:00 am DOCUMENT # P00000098148 **Secretary of State** GERKEN CONSTRUCTION, INC. 05-03-2001 90448 001 ***300.00 Principal Place of Business Mailing Address 1854 SECLUSION DR. 1854 SECLUSION DR. DAYTONA BEACH FL 32124 DAYTONA BEACH FL 32124 2. Principal Place of Business 3. Mailing Address Po Box 291293 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For PORT ORANGE 59-3726034 Not Applicable Zio Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32129 VOLUSEA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERKEN, BRETT Street Address (P.O. Box Number is Not Acceptable) :1854 SECLUSION DR. DAYTONA BEACH FL 32124 City 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 algorature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PŜT CR2E034 (10/00) TITLE Delete IME Change ☐ Addition GERKEN, BRÉTT NAME NAME 1854 SECLUSION DR. STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32124 CITY-ST-ZIF CMY-ST-ZIP TITLE Change ■ Addition TITLE ☐ Celete NAME NAME STREET ADDRESS STREET ADDRESS COTY:57:71P ~ CITY-ST-ZIP TITLE Deleta TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-72P CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME MAME STPEET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

FILED

Daytime Phone #

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE ATLANTA GA 39901 DATE OF THIS NOTICE: 06-28-2001
NUMBER OF THIS NOTICE: CP 576 A
EMPLOYER IDENTIFICATION NUMBER: 59-3726034
FORM: 2553
0716619417 B

10000009814

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

GERKEN CONSTRUCTION INC PO BOX 291293 PORT ORANGE FL 32129

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)

As we were processing your Form 2553 for tax period 122001, we found that your form didn't have a valid employer identification number (EIN). Our records show no EIN assigned to this business. Since an EIN is required by law; we assigned you EIN 59-3726034. Please keep this notice for your records.

Use your name and EIN exactly as 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, incorrect information in your account, or cause you to be assigned more than one EIN.

Every taxpayer must figure taxable income on the basis of an annual accounting period, called a tax year. For trusts, your tax year must generally be a calendar year, unless you are a charitable trust or are exempt from tax under the law. For partnerships, your tax year must conform with either the tax year of the the majority partners, the tax year of the principal owners, or a calendar year, in that order, unless you establish a business purpose for using a different tax year. A personal service corporation must use a calendar year as its tax year, unless you establish a business purpose for using a different tax year. For further information, see Publication 538 (Accounting Periods and Methods), available at most IRS offices.

We've enclosed a Form SS-4, Application for Employer Identification Number (EIN), for you to complete so your account record will be complete. Please return the form with the bottom part of this notice within 15 days. We've enclosed an envelope for your convenience.

If you already have an EIN, return the bottom part of this notice to us. Write in the exact name and EIN shown on the notice you received assigning you that EIN.

Thank you for your cooperation.

Keep this part for your records.	CP 576 A (Rev. 7-19
Return this part with your Form SS-4, Application for Employer Identification Number. Please correct any errors in your name or address.	CP 576 A
Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 06- EMPLOYER IDENTIFICATION N FORM: 2553	