

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90079 032 \*\*\*150.00

**DOCUMENT # P00000102162**

**1. Entity Name**  
**EPH ENTERPRISES, INC.**

**Principal Place of Business**

**24885 TROST BLVD**  
**BONTIA SPRINGS FL 34135**

**Mailing Address**

**24885 TROST BLVD**  
**BONTIA SPRINGS FL 34135**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**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**

**FROSCHAUER, ROSA M**  
**24872 TROST BLVD**  
**BONTIA SPRINGS FL 34135**

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **HAIDA, ELFRIEDE**  
**STREET ADDRESS** **24885 TROST BLVD**  
**CITY-ST-ZIP** **BONTIA SPRINGS FL 34135**

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

**TITLE** ☐ Delete  
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**CITY-ST-ZIP**

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**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 like empowered.**

**SIGNATURE:** *Rosa M. Froshauer for Elfriede Haida* **4-28-02** **941 947 4301**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

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)

EPH ENTERPRISES, INC.

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

3 Executor, trustee, "care of" name

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

24885 TROST BLVD

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

4b City, state, and ZIP code

BONITA SPRINGS, FL 34135

5b City, state, and ZIP code

6 County and state where principal business is located

LEE COUNTY FLORIDA

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

ROSA FROSCHEIDER

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) ► PROFIT☐ Trust☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

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

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

10-30-00

11 Closing month of accounting year (see instructions)

12

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)

NA

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

Agricultural

Household

000

14 Principal activity (see instructions) ►

REAL ESTATE HOLDING

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/A

17a 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)

(941) 947-4301

Fax telephone number (include area code)

(561) 571-3557

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

ROSA FROSCHEIDERSignature ► R. Froscneider for Elfriede HaideDate ► 4-28-02

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

Please leave blank ►

Geo.

Ind.

Class

Size

Reason for applying