

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO1000009102
1. Entity Name Christ Consciousness Publications, Inc.

662672

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>6800 SW 40th St</u>		3. Mailing Address <u>5860 SW 49 St</u>	
Suite, Apt. #, etc. <u># 277</u>		Suite, Apt. #, etc.	
City & State <u>Miami, FL</u>		City & State <u>Miami, FL</u>	
Zip <u>33155</u>	Country <u>USA</u>	Zip <u>33155</u>	Country <u>USA</u>
4. FEI Number			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Laura Lynn Scholl

Street Address (P.O. Box Number is Not Acceptable)
5860 S.W. 49 St

City Miami FL Zip Code 33155

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 Laura L. Scholl
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 STREET ADDRESS CITY-ST-ZIP	<u>President (owner)</u> <u>Laura Lynn Scholl (PTS)</u> <u>5860 S.W. 49 St.</u> <u>Miami, FL 33155</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Laura L. Scholl Laura L. Scholl 4/23/02 (305) 666-8750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

 *** SENDEBERICHT ***

Handwritten: 9010000091982 / 1662672

SENDUNG OK

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Form **SS-4**

(Rev. December 2001)
 Department of the Treasury
 Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN
 OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Christ Consciousness Publications, Inc.

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

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
5860 SW 49 St

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code
Miami, FL 33155

5b City, state, and ZIP code

6 County and state where principal business is located
Dade Florida

7a Name of principal officer, general partner, grantor, owner, or trustee
Laura Lynn Scholl

7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

Sole proprietor (SSN)

Partnership

Corporation (enter form number to be filed) ▶ *1120*

Personal service corp.

Church or church-controlled organization

Other nonprofit organization (specify) ▶

Other (specify) ▶

Estate (SSN of decedent)

Plan administrator (SSN)

Trust (SSN of grantor)

National Guard State/local government

Farmers' cooperative Federal government/military

REMIC Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶

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)

Started new business (specify type) ▶ *Corporation / Wholesale Books*

Hired employees (Check the box and see line 12.)

Compliance with IRS withholding regulations

Other (specify) ▶ *Need for OBR Form & for Bank Account*

Banking purpose (specify purpose) ▶

Changed type of organization (specify new type) ▶

Purchased going business

Created a trust (specify type) ▶

Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)
Filed 3-25-01 started 6-10-01

11 Closing month of accounting year
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) ▶ *None till profit made*

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-"

Agricultural Household Other
 -0-

14 Check one box that best describes the principal activity of your business.

Construction Rental & leasing Transportation & warehousing Health care & social assistance Wholesale-agent/broker

Real estate Manufacturing Finance & insurance Accommodation & food service Wholesale-other Retail

Other (specify)

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Wholesale Books, occasional Retail Sales

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
 Legal name ▶ Trade name ▶

16c 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)