

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 30, 2002 8:00 am
Secretary of State

03-27-2002 90096 046 ***150.00

DOCUMENT # P01000044969

1. Entity Name

GULF RENTAL MANAGEMENT CO.

Principal Place of Business

**13654 12 ST N
TAMPA FL 33613**

Mailing Address

**13654 12 ST N
TAMPA FL 33613**

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

**CARCARY, SHAUN
5032 S HAMTON CIR
TAMPA FL 33667**

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 fee 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 NAME STREET ADDRESS CITY-ST-ZIP	DP CARCARY, SHAUN 5032 S HAMTON CIR TAMPA FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARCARY, LEN 5032 S HAMTON CIR TAMPA FL 33647	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CARCARY, SHONA 5032 S HAMTON CIR TAMPA FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV len Carcary 5032 South Hampton Circle Tampa, FL 33647.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Wayne van Rooyen 1501 E Sign Ave Tampa, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/24/02 813-972-7733

Daytime Phone #

CR2E034 (9/01)

Attachments
33115

PO1000044969

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.)

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

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

Gulf Rental Management Co.

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

same

3 Executor, trustee, "care of" name

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

1501 E. Sligh Ave

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

same

4b City, state, and ZIP code

Tampa FL 33610

5b City, state, and ZIP code

6 County and state where principal business is located

Hillsborough, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor

Shaun Carcary

7b SSN, ITIN, or EIN

594-69-1400

8a Type of entity (check only one box)

☒ Sole proprietor (SSN)

☐ Partnership

☒ Corporation (enter form number to be filed) ▶ PO1000044

☐ 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

☐ Farmers' cooperative

☐ REMIC

Group Exemption Number (GEN) ▶

☐ State/local government

☐ Federal government/military

☐ Indian tribal governments/enterprises

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) ▶

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

☐ Compliance with IRS withholding regulations

☒ Other (specify) ▶ Business Report

☐ 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)

2001

11 Closing month of accounting year

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) ▶ N/A

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

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

☐ Construction

☒ Rental & leasing

☐ Transportation & warehousing

☐ Real estate

☐ Manufacturing

☐ Finance & insurance

☐ Health care & social assistance

☐ Accommodation & food service

☐ Other (specify)

☐ Wholesale-agent/broker

☐ Wholesale-other

☐ Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

Rental properties being leased to tenants

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 ▶ Trinity Property Inv

Trade name ▶ Shaun Carcary

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)

City and state where filed

Tampa, Florida

Previous EIN

09 378 2459

Third
Party
Designee

Designee's name

Address and ZIP code

Designee's telephone number (include area code)

Designee's fax number (include area code)

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.

Name and title (type or print clearly) ▶ Shaun Carcary / Resident

Signature ▶

Date ▶

8/11/02

Applicant's telephone number (include area code)

Applicant's fax number (include area code)