

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

5/

05-05-2003 90140 011 \*\*\*150.00

**DOCUMENT # P01000060950**

1. Entity Name  
**TOWN & COUNTRY REAL ESTATE OF PALM CITY, INC.**



Principal Place of Business  
**3207 S.W. BESSIE CREEK TRAIL  
PALM CITY FL 34990**

Mailing Address  
**3207 S.W. BESSIE CREEK TRAIL  
PALM CITY FL 34990**

**55047540**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

**JENKINS, DIANA  
3207 S.W. BESSIE CREEK TRAIL  
PALM CITY FL 34990**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **JENKINS, DIANA**  
STREET ADDRESS **3207 S.W. BESSIE CREEK TRAIL**  
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. 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 10 or Block 11 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

**4-29-03**

Date

**772/286-2504**

Daytime Phone

CR2E034 (10/02)

Attachment  
55047540  
PO1000060950

Form **SS-4**  
(Rev. December 1993)  
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.)

EIN

OMB No. 1545-0003  
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <u>TOWN &amp; COUNTRY Real Estate of Palm City, Inc.</u>		
	2 Trade name of business, if different from name in line 1		3 Executor, trustee, "care of" name <u>DIANA JENKINS</u>
	4a Mailing address (street address) (room, apt., or suite no.) <u>3207 SW BESSIE CREEK TRAIL</u>		5a Business address, if different from address in lines 4a and 4b
	4b City, state, and ZIP code <u>Palm City FL 34990</u>		5b City, state, and ZIP code
	6 County and state where principal business is located <u>Martin County, FLORIDA</u>		
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ <u>DIANA JENKINS</u>		
	8a Type of entity (Check only one box.) (See instructions.) <input type="checkbox"/> Sole Proprietor—(SSN) _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Personal service corp. <input type="checkbox"/> State/local government <input type="checkbox"/> National guard <input type="checkbox"/> Other nonprofit organization (specify) _____ (enter GEN if applicable) <input type="checkbox"/> Other (specify) ▶ <u>NEW CORPORATION</u> <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator—SSN _____ <input type="checkbox"/> Other corporation (specify) _____ <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization		
8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State <u>FLORIDA</u> Foreign country			
9 Reason for applying (Check only one box.) <input checked="" type="checkbox"/> Started new business (specify) ▶ <u>CORP.</u> <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify) ▶ _____ <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
10 Date business started or acquired (Mo., day, year) (See instructions.) <u>6-18-01</u>		11 Enter closing month of accounting year. (See instructions.) <u>December</u>	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . . ▶ <u>07-01-01</u>			
13 Enter 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." . . . . . ▶		Nonagricultural <u>1</u> Agricultural <u>0</u> Household <u>0</u>	
14 Principal activity (See instructions.) ▶ <u>Real Estate</u>			
15 Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶			
17a Has the applicant ever applied for an identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application. Legal name ▶ Trade name ▶			
17c Enter approximate date, city, and state where the application was filed and the 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)			
Name and title (Please type or print clearly.) ▶ <u>DIANA JENKINS, PRESIDENT</u>		<u>561/286-2504</u>	
Signature ▶ <u>Diana Jenkins</u>		Date ▶ <u>6-22-01</u>	
Note: Do not write below this line. For official use only.			
Please leave blank ▶	Geo. Ind. Class Size Reason for applying		