FILED
May 24, 2002 8:00 am
Secretary of State
04-17-2002 90016 024 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000080554

1. Entity Name
THE PHILLIPS STASH, INC.

Principal Place of Business
~~199 BOCA RATON ROAD~~
~~SUITE 1A~~
~~BOCA RATON FL 33432~~

Mailing Address
~~199 BOCA RATON ROAD~~
~~SUITE 1A~~
~~BOCA RATON FL 33432~~

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 5726 ASPEN RIDGE CIRCLE
Suite, Apt. #, etc.
City & State: DELRAY BCH. FL
Zip: 33484 Country: Palm Beach

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip: 33484 Country: Palm Beach

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~D'AMBROSIO, GERALD J~~
~~199 BOCA RATON ROAD~~
~~SUITE 1A~~
~~BOCA RATON FL 33432~~

7. Name and Address of New Registered Agent
Name: HENRIETTA PHILLIPS PRES.
Street Address (P.O. Box Number is Not Acceptable): 5726 ASPEN RIDGE CIRCLE
DELRAY BEACH, FLA 33484
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: Henrietta Phillips 4/3/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~PHILLIPS, HENRIETTA~~ ~~199 BOCA RATON ROAD~~ ~~BOCA RATON FL 33432~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. HENRIETTA PHILLIPS 5726 ASPEN RIDGE CIRCLE DELRAY BEACH, FLA 33484 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: Henrietta Phillips 4/3/02 934 480 9485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

29245

Attachment # P01000080554 1/6/2016

This is a new corp. I have not opened a checking account or anything I don't think I have a FEI number.

Attachment 7945 P01000080554

3280 W. Hillsboro Blvd.
Deerfield Beach, Fl. 33443
954 480-9495
Fax 954 480-6848

Hanky Panky's

RE: EIN NUMBER FOR THE PHILLIPS STASH INC

8/24/01 FAXED SS-4 (1) copy enclosed

8/27/01 received fax~~e~~ needed more information (2) copy enclosed

8/31 FAXED AGAIN WITH NEW INFORMATION

4/29/02 CALLED TO SEE WHY I DIONT RECEIVE.
TALKED TO MRS. SHIMMEL #1904381

SHE SAID NO RECORD OF AUGUST TRANSACTIONS.

SHE HAD ME R-E FAX to 631-447-8960 AND SAID I SHOULD GET EIN NUMBER IN 2 WEEKS

I WILL THEN SEND TO YOU

Consignment Store & Estate Buyers

Attachment # 29.245 ... 802-01 P0100008055-4

Internal Revenue Service
Customer Service Center-Atlanta
P. O. Box 47-421 Stop 751
Doraville, GA 30362

0716R 33151
Tele-Tin Number: 770-455-2360
Fax Number: 678-530-6156

Henrietta Phillips
3280 W Hillsboro Blvd
Deerfield Beach, FL 33442

re-faxed 8/31/09

Dear Taxpayer:

We are returning your Form SS-4 for additional information. Please provide the requested information indicated by the item(s) circled below and send the completed form back to us for processing. You may fax the Form SS-4 to the above fax number for a quicker response.

1. Social Security Number on line 7 of Form SS-4.
   - A. Corporation - President, Vice President, other principal officer or member of LLC.
   - B. Partnership - General partner or member of LLC.
   - C. Trust - Grantor Trustor (person who established the trust).
   - D. Estate - Decedent on line 8a.
   - E. Non-Resident Canadian Citizen - Copy of social security card, passport, visa, birth certificate, or driver's license.
   - F. Other - Owner, Sole Proprietor or Non-Profit Organization.
   - G. Copy of social security card (the name does not match the SSN on our records).

2. Mailing Address / Location Address of Business.

3. Business Operational Date on line 10 of Form SS-4.
   - A. Corporation - Date business started or acquired.
   - B. Partnership - Date partnership agreement went into effect.
   - C. Trust - Date trust was created or funded.
   - D. Estate - Date of death of the decedent.
   - E. Other - Date business or organization started.

4. Fiscal Year Month on line 11 of Form SS-4.

5. Principal Activity of Business on line 14 of Form SS-4 (please specify the exact product and/or type of business being operated).

6. Telephone Number of Business on line 17c of Form SS-4.

7. Our records indicate the name of your corporation has already been used. We will need a copy of your Certificate or Articles from your state of incorporation.

8. A "Limited Liability Company" can file either as a Corporation, Partnership, Sole Proprietor, or Disregarded Entity. Please specify on line 8a of Form SS-4 the appropriate type of entity and how many members. If filing as a single member corporation submit Form 8832 to elect corporate status.

(over)

Attachment 29245 Ro1000080554

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)
HENRIETTA Phillips

2 Trade name of business (if different from name on line 1)
The Phillips Stash, Inc

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
3280 W. Hillsboro Blvd

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

4b City, state, and ZIP code
Deerfield Beach FL 33442

5b City, state, and ZIP code

6 County and state where principal business is located
Broward County FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶
HENRIETTA Phillips 165-24-7749

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)

HENRIETTA PHILLIPS Pres - etc.

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLA — Foreign country:

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

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

9 Date business started or acquired (month, day, year) (see instructions)
16 AUGUST 2001

10 Closing month of accounting year (see instructions)
December, 2001

11 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

12 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
N/A	N/A	N/A

13 Principal activity (see instructions) ▶

14 Is the principal business activity manufacturing? ☐ Yes ☑ No
If "Yes," principal product and raw material used ▶

15 To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☐ Other (specify) ▶ ☐ Business (wholesale) ☑ N/A

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 ▶ McJUNK IT INC Trade name ▶ DBA: Denton Pen Up

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 | 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.) ▶ HENRIETTA PHILLIPS

Fax telephone number (include area code)

Signature ▶ Henrietta Phillips Date ▶ 8/24/01

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

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying

954-480-9495 phone
480 6811 fax

Pursuit 8/25/01