

FILED
Aug 08, 2002 8:00 am
Secretary of State

05-13-2002 90183 015 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000085842

1. Entity Name
MARDEN, INC.

Principal Place of Business
2943 S NOVA RD
PORT ORANGE FL 32129

Mailing Address
P.O. BOX 281549
PORT ORANGE FL 32129

41062



DO NOT WRITE IN THIS SPACE

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

73-1646492

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, SCOTT E
1020 W INTERNATIONAL SPEEDWAY BLVD
DAYTONA BCH FL 32114

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 reappointing)

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 \$850.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fee

11. OFFICERS AND DIRECTORS

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/3/17
CARL MARTIN HUNERLAW
1 SUNNY PINES CIRCLE
DAYTONA BEACH FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 807, 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

4-24-02

386-761-9440

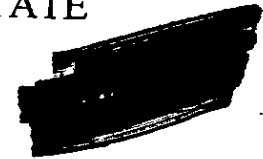
Change Page 2



Attachment

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State



June 28, 2002

MARDEN, INC.
P.O. BOX 291549
PORT ORANGE, FL 32129

Subject: MARDEN, INC.

Reference Number: P01000985842

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JC

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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

Marden Inc
PO Box 291549
Port Orange, FL 32129

Attachment
[REDACTED]
Date: 10/16/01 41062
075 69537711
Tele-Tin Number: 770-455-2360
Fax Number: 678-530-6156
[REDACTED]
P01000085842

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

HP01000085842

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9. Signature

- A. Corporation - President, Vice President, other principal officer or member of LLC.
- B. Partnership - General partner or member of LLC.
- C. Trust or Estate - Personal Representative, Executor, Administrator or Fiduciary.
- D. Sole Proprietor, Owner
- E. Other - Any third party signing the Form SS-4 must include Form 2848 POA.

10. We have reviewed your Form SS-4. We are unable to assign you an Employer Identification Number, as you will not be filing any business tax returns. You are to use your social security number on Schedule C, C-EZ, or F with your Form 1040 tax return. When issuing a Form 1099, you are to also use your social security number.

11. If you are filing as a Business or Unincorporated Trust, please indicate which of the tax forms: 1041, 1065 or 1120 you will file. If uncertain, you can request a private letter ruling for a determination of your tax classification from the Service under the procedures set forth in Revenue Procedure 98-1, 1998-1 I.R.B. 7, at the following address:

Internal Revenue Service
Associate Chief Counsel Domestic
ATTN: CC:DOM:CORP:T
P.O. Box 7604
Ben Franklin Station
Washington, DC 20044

12. Due to disclosure regulations that strictly govern who may receive any tax-related information, we cannot issue or mail an Employer Identification Number to third parties without a Power of Attorney (Form 2848).

13. Any revocable trust created after January 1, 1981, in which the grantor and trustee are the same individual, is not required to file Form 1041, and therefore, does not need an EIN for the trust. Grantor/Trustee will need to use his/her social security number and report all items of income, deduction and credit from the trust on Form 1040.

Other _____

We apologize for any inconvenience and thank you for your cooperation.

Sincerely yours,

Carolyn Chapman
Chief, Customer Service Branch II

Enclosure(s)
Your Form SS-4
Envelope

(Rev. 05 2000)

Attachment

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HP01000085842

Form **SS-4** Application for Employer Identification Number
(Rev. April 2003)
(For use by sole proprietors, corporations, partnerships, trusts, estates, churches, governmental agencies, certain individuals, and others. See instructions.)
OMB No. 1545-0043

1. Name of applicant (legal name) (see instructions)
MERIDEN INC.
2. Trade name of business (if different from name on line 1)
PORT ORANGE FL 32129
3. Employer's mailing "care of" name
PORT ORANGE FL 32129
4. Principal business address (street address) (include apt. or suite no.)
PORT ORANGE FL 32129
5a. City, state, and ZIP code
PORT ORANGE FL 32129
5b. Business address (if different from address on lines 4a and 4b)
PORT ORANGE FL 32129
6. County and state where principal business is located
FLORIDA
7. Name of principal officer, general partner, officer, owner, or trustee—SSN or EIN may be required (see instructions)
284-48-9247

8a. Type of entity (check only one box) (see instructions)
Corporation: ☐ Sole proprietorship (SSN) ☐ Estate (SSN of decedent)
☒ Partnership ☒ Personal service corp. ☐ Plan administrator (SSN)
☐ REMEC ☐ National Guard ☐ Other corporation (specify) ☐ Trust
☐ State/local government ☐ Farmers cooperative ☐ Federal government/agency
☐ Church or church-controlled organization ☐ Other (specify) ☐ Federal government/agency (under SSN if applicable)
☐ Other nonprofit organization (specify) ☐ Other (specify) ☐

8b. If a corporation, state the state or foreign country in which incorporated
State: **FLORIDA** Foreign country:

9. Reason for applying (check only one box) (see instructions)
☒ Started new business (specify type) ☐ Banking purposes (specify purpose)
PERSONAL SERVICE CORP. ☐ Changed type of organization (specify new type)
☐ Other employees (check the box and see line 12) ☐ Purchased going business
☐ Created a new plan (specify type) ☐ Created a trust (specify type)
☐ Other (specify) ☐

10. Date business started or acquired (month, day, year) (see instructions)
9-28-2001 11. Closing month of accounting year (see instructions)
12-31

12. First date wages or salaries were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to recipient after month, day, year.
NOVE 14 2001

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)
0

14. Principal activity (see instructions)
DENTAL DENTISTRY

15. Is the principal business activity manufacturing?
☐ Yes ☒ No

16. To which are most of the products or services sold? Please check one box.
☒ Retail ☐ Other (specify) ☐ Wholesale ☐ N/A

17a. Has the applicant ever applied for an employer identification number for this or any other business?
☐ 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 lines 1 or 2 above.
Legal name: Trade name:

17c. Application date when and city and state where the application was filed. Enter previous employer identification number if known.
Application date when filed (mo., day, year): City and state where filed: Previous EIN:

Under penalty 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.
Signature: **C. M. L.** Date: **10-4-01**

Names and titles (print or type of each clearly)
C. M. L.

Signature: **C. M. L.** Date: **10-4-01**

Please leave blank: Title: Class: Size: Reason for applying:

For Privacy Act and Paperwork Reduction Act Version, see page 4. Cat. No. 15085N Form SS-4 (Rev. 4-2003)

COBLE & SIMPSON

ATTORNEYS AT LAW

COBLE BUILDING
1020 WEST INTL. SPEEDWAY BLVD.
DAYTONA BEACH, FLORIDA 32114

PLEASE REPLY TO:
POST OFFICE DRAWER 8670
DAYTONA BEACH, FLORIDA 32120

J. KERMIT COBLE, P.A.
SCOTT E. SIMPSON, P.A.
NOAH C. MCKINNON, JR., P.A. OF COUNSEL

Attachment

#P0107008580

41062

DAYTONA (386) 253-0661
DAYTONA FAX (386) 253-8737

June 4, 2002

Dr. Marty Honerlaw
PO Box 291549
Port Orange, Florida 32129

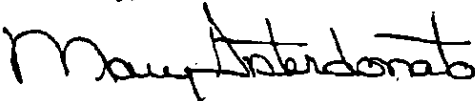
RE: Marden, Inc.'s EIN Number

Dear Dr. Honerlaw:

I have enclosed a copy of the request to the IRS for Marden, Inc.'s EIN Number. I did include a copy of your Articles of Incorporation for their reference as well. You will also notice that I requested that the EIN Number be faxed directly to you.

If you have any further questions, please feel free to give us a call.

Sincerely,



Mary Interdonato
Assistant

/mi

Enclosure

Attachment

6-21-00 41062

RE. MARDEN INC

REFERENCE # P01000085842

PLEASE BE ADVISED THAT THE IRS
HAS NOT ISSUED A FEI FOR THIS
CORPORATION TO DATE, STATING THEY BELIEVE
THERE IS ANOTHER CORPORATION USING
THIS NAME (SEE ENCLOSURE). WE HAVE
RESPONDED TO THEIR REQUESTS BUT TO
DATE WE HAVE NOT RECEIVED AN
ANSWER. WE HOPE THIS EXPLAINS THE
FAILURE TO PROVIDE YOU WITH THE FEI
WHICH WE WILL DO WHEN IT IS
ISSUED

SINCERELY

CMH