

FILED
May 15, 2003 8:00 am
Secretary of State

04-25-2003 90298 021 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000095285



1. Entity Name
MYSTIC MANAGEMENT, INC.

Principal Place of Business
**430 SE 17TH ST.
OCALA FL 34471**

Mailing Address
**P.O. BOX 4087
CLEARWATER FL 33758
US**

55041100



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

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

**BOYLE, JULIE A
430 SE 17TH ST.
OCALA FL 34471**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **BOYLE, JULIE A**
STREET ADDRESS **430 SE 17TH ST.**
CITY-ST-ZIP **OCALA FL 34471**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED
Julie A. Boyle Pres. 4/17/03 (352) 237-1732
Date Daytime Phone #

Attachment 55041100
P01000095285

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)

MYSTIC MANAGEMENT, INC.

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

n/a

3 Executor, trustee, "care of" name

Julie Boyle

4a Mailing address (street address) (room, apt., or suite no.)

P.O. Box 4087

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

same

4b City, state, and ZIP code

Clearwater, FL 33758

5b City, state, and ZIP code

same

6 County and state where principal business is located

Pinellas County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►

Julie Boyle 263-17-4990

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

☐ Other (specify) ►

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☒ Other corporation (specify) ► **Management Company**

☐ Trust

☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

Florida

Foreign country

U.S.A.

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

☒ Started new business (specify type) ► **Mgt. Co.**

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

☐ Created a pension plan (specify type) ►

☐ Banking purpose (specify purpose) ►

☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Created a trust (specify type) ►

☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

09/27/01

11 Closing month of accounting year (see instructions)

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**

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) ►

Nonagricultural

0

Agricultural

0

Household

0

14 Principal activity (see instructions) ► **Rental management**

15 Is the principal business activity manufacturing?

☐ Yes

☒ No

If "Yes," principal product and raw material used ►

18 To whom are most of the products or services sold? Please check one box.

☒ Public (retail)

☐ Other (specify) ►

☐ Business (wholesale)

☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business?

☐ Yes

☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above

Legal name ► **n/a**

Trade name ► **n/a**

17c 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

n/a

n/a

n/a

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)

(727) 480-3546

Fax telephone number (include area code)

(727) 531-4400

Name and title (Please type or print clearly.) ► **Julie Boyle, President**

Signature ►

Date ► **10/1/01**

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

Please leave blank ►

Geo.

Class

Size

Reason for applying