

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90149 028 ***150.00

0012392 AV

DOCUMENT # P02000041177

1. Entity Name

MARTINI'S RESTAURANT & LOUNGE, INC.



Principal Place of Business

101 BAY STREET
DAYTONA BEACH FL 32118

Mailing Address

101 BAY STREET
DAYTONA BEACH FL 32118

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

03-0507608

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTTERS, DAVID
821 GEORGE HECKER DRIVE
SOUTH DAYTONA FL 32119

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)

5-1-03

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 PD ☐ Delete
NAME BUTTERS, DAVID
STREET ADDRESS 101 BAY STREET
CITY-ST-ZIP DAYTONA BEACH FL 32118

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

TITLE VSTD ☐ Delete
NAME BUTTERS, CLAUDIA
STREET ADDRESS 101 BAY STREET
CITY-ST-ZIP DAYTONA BEACH FL 32118

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-03

Date

Daytime Phone #

CP2E034 (10/02)

6314474991

05/20/2003 10:38 FAX 6314474991

Attachment
IRS TELETYPE

001/001

05/05/2003

10:33

KNEPLEY TAX ACCT → POA 911 FORMS

NO. 925

002.

80121120
P02000041177

L#3

Form **SS-4****Application for Employer Identification Number**(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

(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

1 Legal name of entity (or individual) for whom the EIN is being requested Martini's Restaurant & Lounge Inc		FNO EIN 03-0507608	
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name DB S/19/03	
4a Mailing address (room, apt., suite no. and street, or P.O. box) 101 Bay Street		5a Street address (if different) (Do not enter a P.O. box.)	
4b City, state, and ZIP code Daytona Beach FL 32114		5b City, state, and ZIP code	
8 County and state where principal business is located Volusia County Florida			
7a Name of principal officer, general partner, grantor, owner, or trustee David Butters		7b SSN, ITIN, or EIN 121-60-9552	
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120s <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶	
8b If a corporation, name the state or foreign country (if applicable) where incorporated Florida		Foreign country	
9 Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ Required Corp in Florida to re		<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶	
10 Date business started or acquired (month, day, year) 01/02/03		11 Closing month of accounting year 12/31/03	
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".		Agricultural	Household
		0	0
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input checked="" type="checkbox"/> Other (specify) Name only			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. none- reserving name in florida required corp formed and filed on			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 ▶		Trade name ▶	
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			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name Mary K Knepley	Designee's telephone number (include area code) (386) 780-2551
	Address and ZIP code PO Box 214432 South Daytona FL 32121	Designee's fax number (include area code) (386) 780-2553

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) ▶ **David Butters**

Signature ▶

David Butters

Date ▶

2/21/03

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16035N

Form **SS-4** (Rev. 12-2001)

Attachment
80121120

P02000041177

FAX COVER SHEET

FAX TRANSMITTAL SHEET

DATE: 2/22/03

Fax Number: _____

FROM:

Knepley Tax & Accounting Service

Mary K. Knepley, E.A.

P.O. Box 214432

South Daytona, FL 32121

FAXED

1104 2/22/03

Business Ph. (386) 760-2551 Fax (386) 760-2553

Number of pages (including this sheet): 2

Note: If any of these fax copies are illegible, or you do not receive the same number of pages as stated above, please contact us immediately at the above number.

TO: IRS

COMPANY: _____

REGARDING: 554- Please fax Back

WARNING!

ATTORNEY/CLIENT AND/OR PRIVILEGED AND CONFIDENTIAL INFORMATION:

THIS FACSIMILE MESSAGE MAY CONTAIN PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE PERSON TO WHOM IT IS DIRECTED. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY REVIEW, COMMUNICATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS PROHIBITED. IF YOU HAVE RECEIVED THIS MESSAGE IN ERROR OR ANY DOCUMENTS ATTACHED HERETO, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE (COLLECT) AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS BY UNITED STATES MAIL.

5/5/03 Client has still not
Received ?? Please fax
Back Jux
Refaxed - 10³¹ Am.

5.20.03

Attachment

80121126

PO2000041177

Here under is our annual filing
And additional documents to support
the following

We request abatement of the \$400 penalty
based on our exercising due care. IRS
had issue with this corporation and
question as to relationship to a
similar entity. The FEIN number
was finally issued & cleared
yesterday.

Had the IRS not assigned, they were
suggesting we would have to proceed
in some other "entity fashion"
to secure the corporate name. It
would have been premature to renew
an entity which the Federal Government
would not allow

Thank you for your consideration