

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 91438 010 ***150.00

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

DOCUMENT # P02000072993

1. Entity Name
PAUNOVICH ENTERPRISES, INC.



55045397

Principal Place of Business
2206 W ATLANTIC AVE STE 201
DELRAY BEACH, FL 33445

Mailing Address
2206 W ATLANTIC AVE STE 201
DELRAY BEACH, FL 33445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-3698214

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

LOVELANCE, WILLIAM K
401 S LINCOLN AVE
CLEARWATER, FL

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 instituting)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAUNOVICH, ROBERT P
2206 W ATLANTIC AVE STE 201
DELRAY BEACH, FL 33445

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Robert P. Paunovich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Call

Carryme Phone

561-279-8001

Attachment # 55045397
PO 2000072993Form **SS-4**

(Rev December 2001)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(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 **04-3698214**

OMB No. 1545-0003

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| 1 Legal Name of Entity (or individual) for Whom the EIN is Being Requested PAVNOVICH ENTERPRISES, INC. | | |
| 2 Trade Name of Business (if different from name on line 1) CHAMBERS HAIR INSTITUTE | | 3 Executor, Trustee, "Care of" Name |
| 4a Mailing Address (room, apartment, suite number, and street, or P.O. box) 2206 WEST ATLANTIC AVE., SUITE 201 | | 5a Street Address (if different) (do not enter a P.O. box) |
| 4b City, State, ZIP Code DELRAY BEACH FL 33445 | | 5b City, State, ZIP Code |
| 6 County and State Where Principal Business is Located PALM BEACH COUNTY FLORIDA | | |
| 7a Name of Principal Officer, General Partner, Grantor, Owner, or Trustor ROBERT P. PAVNOVICH, PRES. | | 7b SSN, ITIN, or EIN 348 34 8516 |
| 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) ▶ 2553 <input type="checkbox"/> Personal service corporation <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"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <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 checked="" type="checkbox"/> Started new business (specify type) ▶ SCORP <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"/> Hired employees (check the box and see line 12.) <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Other (specify) ▶ | | |
| 10 Date business started or acquired (month, day, year) 0-28-02 | | 11 Closing month of accounting year DECEMBER |
| 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) ▶ 10-1-02 | | |
| 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 <input checked="" type="checkbox"/> Household <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> 2 | | |
| 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"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input checked="" type="checkbox"/> Other (specify) HAIR RESTORATION <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail | | |
| 15 Indicate principal line of merchandise sold, specific construction work done; products produced; or services provided. HAIR RESTORATION | | |
| 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 & 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 (month, day, year) City and State Where Filed Previous EIN | | |
| 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. | | |
| Third Party Designee Designee's Name Address and ZIP Code | | Designee's Telephone Number (include area code) Designee's Fax Number (include area code) |
| 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.) ▶ ROBERT P. PAVNOVICH, PRES | | Applicant's Telephone Number (include area code) (561) 495 0222 |
| Signature ▶ Robert P. Pavnovich | | Applicant's Fax Number (include area code) |
| Date ▶ 7-9-02 | | |