

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90138 035 ***150.00

DOCUMENT # P02000129593

1. Entity Name

BACKDRAFT ARCHITECTURAL SERVICES, INC.



Principal Place of Business

**3077 SE DIXIE HWY
STUART FL 34997**

Mailing Address

**3077 SE DIXIE HWY
STUART FL 34997**

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

Applied For

☒ Not Applicable

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

ROBB, PAUL A

1959 NW MARSH RABBIT LANE

JENSEN BEACH FL 34957

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
ROBB, PAUL A
1959 NW MARSH RABBIT LANE
JENSEN BEACH FL 34957

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 title empowered.

SIGNATURE:

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

Date

Daytime Phone #

2.5.03 172 4635366

CR2E034 (10/02)

90021316

Attachment

IS THIS THE SAME
AS A FEI #
81-0583606Form **SS-4**

(Rev. December 1995)

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.

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) BACKDRAFT Architectural Services, INC	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a Mailing address (street address) (room, apt., or suite no.) 3077 SE DIXIE HWY	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code STUART FL 34997	5b City, state, and ZIP code
6 County and state where principal business is located MARTIN FLORIDA	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 171-60-4542 PAUL A. Robb	

8a Type of entity (Check only one box.) (See instructions.)		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator—SSN <input checked="" type="checkbox"/> Other corporation (specify) ▶ S-CORPORATION <input type="checkbox"/> Trust <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Church or church-controlled organization (enter GEN if applicable)	
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Personal service corp. <input type="checkbox"/> Limited liability co. <input type="checkbox"/> National Guard		

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State Florida	Foreign country
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9 Reason for applying (Check only one box.)		<input type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Other (specify) ▶	
<input checked="" type="checkbox"/> Started new business (specify) ▶ <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ▶			

10 Date business started or acquired (Mo., day, year) (See instructions.) 01/01/03	11 Closing month of accounting year (See instructions.) DECEMBER
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ 06/01/03

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 1	Agricultural	Household
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14 Principal activity (See instructions.) ▶ COMPUTER DRAWING SERVICES & Digital DOCUMENTATION
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15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> N/A
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17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 ▶ Trade name ▶
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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

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 (Please type or print clearly.) ▶	Business telephone number (include area code) 772 463-5366
	Fax telephone number (include area code) 772 463-5366

Signature ▶ Paul A. Robb	Date ▶ 12/4/02
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Note: Do not write below this line. For official use only.

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