

P10000008975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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E. DENNARD

Malave, Erin

From: Seidel, Marijke V [mseidel@paychex.com]
Sent: Wednesday, April 21, 2010 5:55 PM
To: CorpAddressChange
Cc: danbagbey@aol.com
Subject: EIN update for Sunbiz.org

Attachments: Scan001.PDF



Scan001.PDF
(242 KB)

Good afternoon,

A current client of ours asked me to forward this IRS information to you.

Apparently the EIN# has never been updated on Sunbiz, so could you please use the supporting information to enter in their: FEI/EIN Number?

They just submitted their DR-1 online application today, and they did not want the missing FEI/EIN Number, to hold up getting a SUI Acct#.

If you have any questions, please feel free to call me or the client.

Client Contact: John Bagbey Tel# 407-748-5454

Thank you for your time.

*Marijke Seidel
Paychex Inc
Sales Assistant
Tel # 800-532-4980 ext. 22750
Fax # 877-884-0645*

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
Home	Contact Us	E-Filing Services	Document Searches	Forms	Help
Previous on List	Next on List	Return To List		Entity Name Search	
No Events		No Name History		<input type="button" value="Submit"/>	
Detail by Entity Name					
Florida Profit Corporation					
STARCHES INC					
Filing Information					
Document Number P10000008975					
FEI/EIN Number NONE 27-1790479 (Please Update)					
Date Filed 01/29/2010					
State FL					
Status ACTIVE					
Effective Date 01/29/2010					
Principal Address					
6115 LAKE LIZZIE DRIVE SAINT CLOUD FL 34771 US					
Mailing Address					
6115 LAKE LIZZIE DRIVE SAINT CLOUD FL 34771 US					
Registered Agent Name & Address					
BAGBEY, JOHN C 6115 LAKE LIZZIE DRIVE SAINT CLOUD FL 34771 US					
Officer/Director Detail					
Name & Address					
Title P					
BAGBEY, JOHN F 6115 LAKE LIZZIE DRIVE SAINT CLOUD FL 34772 US					
Annual Reports					
No Annual Reports Filed					
Document Images					
01/29/2010 - Domestic Profit <input type="button" value="View image in PDF format"/>					
Note: This is not official record. See documents if question or conflict.					
Previous on List	Next on List	Return To List		Entity Name Search	
No Events		No Name History			

IRS Verification Form

Form must be accompanied by a completed 8821

IRS EE Name: Ms. Haney

IRS EE Badge ID #: 0196021

Client's EIN: 27-1790479

Client's Legal Name: Starches Inc

Client's Legal Address: 6115 Lake Lizzie Dr
St. Cloud, FL 34711

Sales Rep: H430

Signature: Don M. G. [Signature]

Verification Date: 2/3/10

Verification Time: 2:47pm

Form **941 for 2010: Employer's QUARTERLY Federal Tax Return**
(Rev. February 2010) Department of the Treasury - Internal Revenue Service

950110

OMB No. 1545-0029

(EIN) Employer identification number	2	7	-	1	7	9	0	4	7	9	
Name (not your trade name)	STARCHES INC										
Trade name (if any)											
Address	6115 LAKE LIZZIE DR										
Number	6115				Street	LAKE LIZZIE DR				Suite or room number	
City	SAINT CLOUD				State	FL		ZIP code	34771		

**Report for this Quarter of 2010:
(Check one.)**

- ☒ 1: January, February, March
☐ 2: April, May, June
☐ 3: July, August, September
☐ 4: October, November, December

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)	1	4
2 Wages, tips, and other compensation	2	8913.37
3 Income tax withheld from wages, tips, and other compensation	3	157.00
4 If no wages, tips, and other compensation are subject to social security or Medicare tax		<input type="checkbox"/> Check and go to line 6.
5 Taxable social security and Medicare wages and tips:		
5a Taxable social security wages	Column 1	Column 2
8913.37 x .124 =	1105.26	
5b Taxable social security tips		
5c Taxable Medicare wages & tips	8913.37 x .029 =	258.49
5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d)	5d	1363.75
6 Total taxes before adjustments (lines 3 + 5d = line 6)	6	1520.75
7 CURRENT QUARTER'S ADJUSTMENTS, for example, a fractions of cents adjustment. See the instructions.		
7a Current quarter's fractions of cents		- .03
7b Current quarter's sick pay		
7c Current quarter's adjustments for tips and group-term life insurance		
7d TOTAL ADJUSTMENTS. Combine all amounts on lines 7a through 7c	7d	- .03
8 Total taxes after adjustments. Combine lines 6 and 7d.	8	1520.72
9 Advance earned income credit (EIC) payments made to employees	9	
10 Total taxes after adjustment for advance EIC (line 8 - line 9 = line 10)	10	1520.72
11 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayment applied from Form 941-X or Form 944-X.		1520.72
12a COBRA premium assistance payments (see instructions).		
12b Number of individuals provided COBRA premium assistance reported on line 12a		
13 Add lines 11 and 12a	13	1520.72
14 Balance due. If line 10 is more than line 13, write the difference here. For information on how to pay, see the instructions.	14	
15 Overpayment. If line 13 is more than line 10, write the difference here.		

► You **MUST** complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Next →
Form 941 (Rev. 2-2010)

Name (not your trade name)

STARCHES INC

Employer identification number (EIN)

27-1790479

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see Pub. 15 (Circular E), section 11.

16 ☐ M ☐ U Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in multiple states.

- 17 Check one: ☐ Line 10 on this return is less than \$2,500 or line 10 on the return for the preceding quarter was less than \$2,500, and you did not incur a \$100,000 next-day deposit obligation during the current quarter. Go to Part 3.
- ☒ You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month. Then go to Part 3.

Tax liability: Month 1 Month 2 Month 3 Total liability for quarter Total must equal line 10.

- ☐ You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

18 If your business has closed or you stopped paying wages ☐ Check here, and

enter the final date you paid wages

19 If you are a seasonal employer and you do not have to file a return for every quarter of the year ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number () -

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS.

☒ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X

Sign your name here

REFERENCE COPY PREPARED BY PAYCHEX.

Print your name here

Print your title here

DO NOT FILE.

Date Best daytime phone **Paid preparer's use only**Check if you are self-employed ☐Preparer's name Preparer's SSN/PTIN Preparer's signature Date Firm's name (or yours if self-employed) EIN Address Phone City State ZIP code