

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019395

1. Entity Name

PENN WINDOWS AND FLOORS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90067 030 ***150.00

Principal Place of Business

3110 KING BLVD.
SARASOTA FL 34234
US

Mailing Address

3110 KING BLVD.
SARASOTA FL 34234-6324
US

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

65-0737426

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

HUGINE, CLEVELAND
3110 KING BLVD.
SARASOTA FL 34234

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME NORRINGTON, ROBERT LEROY
STREET ADDRESS 3006 YARMOUTH DR, W
CITY-ST-ZIP BRADENTON FL

TITLE **P** ☐ Change ☒ Addition
NAME MAE F. RODEN
STREET ADDRESS 2749 Goodrich Ave.
CITY-ST-ZIP SARASOTA, FL 34234

TITLE **S** ☒ Delete
NAME BURKES, STAN
STREET ADDRESS 308 57TH AVE, E., APT A
CITY-ST-ZIP BRADENTON FL 34203

TITLE **S** ☐ Change ☒ Addition
NAME Louise Phillips
STREET ADDRESS 1718 8th St.
CITY-ST-ZIP SARASOTA, FL 34234

TITLE **T** ☒ Delete
NAME NORRINGTON, JOHN
STREET ADDRESS 2909 87TH AVE EAST
CITY-ST-ZIP PARRISH FL 34219

TITLE **T** ☐ Change ☒ Addition
NAME CLEVELAND HUGINE
STREET ADDRESS 3110 KING BLVD.
CITY-ST-ZIP SARASOTA, FL 34234

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CLEVELAND HUGINE

4/27/00 (941) 359-0979

CR2E034 (9/99)



Florida Department of Revenue

Certificate of Registration

Issued Pursuant to Chapter 212, Florida Statutes

Registration
Effective Date
05/17/99

Opening Date
05/01/99

Certificate Number
68-00-077097-93-4

This Certificate is
Non-transferable.

DR-11
R. 12/97

Refer To This Number
When Reporting Tax.

This Certifies That

GINO'S JANITORIAL SERVICE INC
%HUGINE, CLEVELAND
3110 KING BLVD
SARASOTA FL 34234

**Is Hereby Authorized and Empowered to Collect Sales
and Use Taxes For The State of Florida.**

THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE.



Florida Department of Revenue

Sales Tax Facts to Remember

DR-11
R. 12/97

1. Every person conducting business in the State of Florida who is subject to sales and use tax is responsible for filing a "Sales and Use Tax Return" at the end of each assigned collection period.
2. In the event that your preprinted sales tax return does not arrive in the mail, it is your responsibility to contact the Florida Department of Revenue and request that a form be sent to you.
3. Your sales tax return is due the 1st of the month following the collection period and late after the 20th. Example: For the collection period ending March 31, the tax return is due on April 1 and late after April 20. (Returns postmarked on the 20th are not considered late.) When the 20th falls on a Saturday, Sunday, or a state or federal holiday, your return must be postmarked on the first working day following the 20th.
4. If your return is filed timely, you are entitled to the specified collection allowance as your commission. If your return is filed late, you lose the collection allowance and will be charged a penalty and interest.
5. You must register each location from which you do business and file a return for each location unless the Department has approved reporting in another manner.
6. You are required to file a return even though you may have no sales tax to report. Late filing of a "zero sales" return will result in a penalty assessment.
7. It is your responsibility to notify the Florida Department of Revenue if you have any changes in your business (new location, mailing address, incorporation, change of partner in partnership, etc.).
8. In the event that your business is sold or closed, the law requires you to pay all taxes, penalty and/or interest due within 15 days. A final return form is included in the sales tax coupon book.
9. You may extend your sales tax number to your suppliers when making purchases of items that will be resold, incorporated into an item of tangible personal property for sale, or exclusively rented as tangible personal property. All other purchases are taxable.
10. When accepting a tax number from another dealer instead of charging sales tax, you must keep on file a "Resale Certificate" which includes: business name, location address, reason for exempt purchase, signature of authorized agent, and tax number. Resale certificates are available at a nominal cost from your local office supply store, or if you prefer, you may have your printer prepare a form for your use. (The Department has a suggested format available upon request.)

Please contact your local Florida Department of Revenue Service Center if you require additional information or assistance regarding Florida Sales and Use Tax.

#P97000019395

058044

Form **SS-4**

(Rev. February 1998)

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.)

EIN **65-0737426**

OMB No. 1545-0003

Keep a copy for your records.

Please type or print clearly.	1. Name of applicant (legal name) (see instructions) CLEVELAND HUGINE	
	2. Trade name of business (if different from name on line 1) GINO'S JANITORIAL SERVICE INC	3. Executor, trustee, "care of" name CLEVELAND HUGINE
	4a. Mailing address (street address) (room, apt., or suite no.) 3110 KING BLVD	5a. Business address (if different from address on lines 4a and 4b)
	4b. City, state, and ZIP code SARASOTA, FL 34234	5b. City, state, and ZIP code
	6. County and state where principal business is located SARASOTA - Florida	
	7. Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ CLEVELAND HUGINE 247 62 9902	

8a. Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|---|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input checked="" type="checkbox"/> Other corporation (specify) ▶ Janitorial Service |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ | (enter GEN if applicable) |
| <input type="checkbox"/> Other (specify) ▶ | |

8b. If a corporation, name the state or foreign country (if applicable) where incorporated. State **Florida** Foreign country

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

<input type="checkbox"/> Started new business (specify type) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	<input checked="" type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ▶
	<input type="checkbox"/> Other (specify) ▶

10. Date business started or acquired (month, day, year) (see instructions) **NOV 1, 1998** 11. Closing month of accounting year (see instructions) **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) **6/1/99**

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 **2** Agricultural Household

14. Principal activity (see instructions) ▶ **Janitorial Service**

15. Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16. To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ N/A
☐ Public (retail) ☐ Other (specify) ▶

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 ▶ Trade name ▶

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

PARRISH, Florida 65-0737426

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.
president (741) 359-0979
Business telephone number (include area code)
Fax telephone number (include area code)

Name and title (Please type or print clearly.) ▶ **CLEVELAND HUGINE**

Signature ▶ **[Signature]** Date ▶ **20 May 99**

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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