

2000 UNIFORM BUSINESS REPORT (UBR)

1064

DOCUMENT # P97000099802

1. Entity Name

HISTORIC REMODELERS, INC.

FILED

00 JUN -2 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/15/00 902981024 \$150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6542 WAYNE ST N ST. PETERSBURG FL 33702	Mailing Address 6542 WAYNE ST N ST. PETERSBURG FL 33702-6152
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	APPLIED FOR	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STAFF, WALLACE W 6542 WAYNE ST N ST. PETERSBURG FL 33702

7. Name and Address of New Registered Agent
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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STAFF, WALLACE W 6542 WAYNE ST N ST. PETERSBURG FL 33702 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIG [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2000
Date

727-526-6666
Daytime Phone

CR2E034 (9/99)

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.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) <u>HISTORIC Remodelers, INC</u>	
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.) <u>6542- WAYNE ST. No</u>	5a Business address (if different from address on lines 4a and 4b)
4b City, state, and ZIP code <u>ST. Pete, FL 33702</u>	5b City, state, and ZIP code
6 County and state where principal business is located <u>Pinellas, Florida</u>	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <u>WALLACE W. STAFF</u>	

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) ► <u>Limited Liability</u>
<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 <u>Florida</u>	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ► <u>Construction</u>	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) <u>April 15, 1998</u>	11 Closing month of accounting year (see instructions) <u>Dec</u>
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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)	<u>Jan. 2001</u>
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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 <u>0</u>	Agricultural <u>0</u>	Household <u>0</u>
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14 Principal activity (see instructions) ► <u>Remodeling</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 one box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input checked="" type="checkbox"/> Yes <input 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 ► <u>WALSTAFF CORP.</u>	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
<u>Sept. 1997</u> <u>St. Pete., Fla.</u>	<u>59-3440185</u>

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.

Business telephone number (include area code) <u>(727) 521-6464</u>
Fax telephone number (include area code) <u>(727) 526-1615</u>

Name and title (Please type or print clearly.) ►

Signature ► <u>Wallace W. Staff</u>	Date ► <u>May 30, 2000</u>
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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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