

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000032858**

1. Entity Name

COWGILL ENTERPRISES INC.**FILED****Jul 10, 2000 8:00 am**
Secretary of State

05-18-2000 90325 045 ***150.00

Principal Place of Business

NECK ROAD
PONTE VEDRA BEACH FL 32082

Mailing Address

1157 NECK ROAD
PONTE VEDRA BEACH FL 32082-4110

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☒ Applied For
☐ Not Applicable5. 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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

COWGILL, WILLIAM D
1157 NECK ROAD
PONTE VEDRA BEACH FL 32082

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 fee 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 State10. 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 **PVT** ☐ Delete
NAME **COWGILL, WILLIAM D IV**
STREET ADDRESS **1157 NECK ROAD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **COWGILL, BRENDA M**
STREET ADDRESS **1157 NECK ROAD**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ 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 #

4/30/00

Doc# P98000032858 / 307956

Form **SS-4**

Application for Employer Identification Number

(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

(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) COWGILL ENTERPRISES, 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.) 1157 NECK Rd.	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code PONTE VEDRA BCH, FL 32082	5b City, state, and ZIP code
	6 County and state where principal business is located ST. JOHNS FLA.	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► WILLIAM O. COWGILL 266-86-7837	

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 checked="" type="checkbox"/> Sole proprietor (SSN) 266-86-7837	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> Other corporation (specify) ►
<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	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) ►	<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"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) APRIL 99 NOT ACTIVE (SELLING)	11 Closing month of accounting year (see instructions)
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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)

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	Agricultural	Household
			0

14 Principal activity (see instructions) ►

15 Is the principal business activity manufacturing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," principal product and raw material used ►	NOT DARK PAPER SACKS	

16 To whom are most of the products or services sold? Please check one box.	<input checked="" type="checkbox"/> Business (wholesale)	<input checked="" 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 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 ►

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.	Business telephone number (include area code) 904 285-5954
	Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► **BRENDA M COWGILL - SECRETARY**

Signature ► **Brenda Cowgill for William O. Cowgill** Date ► **6/1/00**

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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