

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034238

1. Entity Name

PALMBAY CENTER @ AIPO, INC.

05-23-2000 90227 00 / ***150.00

FILED

00 AUG 11 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

255 SOUTH ORANGE AVENUE
STE 1540
ORLANDO FL 32801

Mailing Address

255 SOUTH ORANGE AVENUE
STE 1540
ORLANDO FL 32801-3436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WHIDDON, FLOYD JR
255 SOUTH ORANGE AVENUE
SUITE 1540
ORLANDO FL 32801

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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

TITLE	P	☐ Delete
NAME	WHIDDON, FLOYD	
STREET ADDRESS	1513 INDIAN DANCE CT	
CITY-ST-ZIP	MATLAND FL 32751	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Floyd Whiddon

3/25/00

Date

407/644-4700

Daytime Phone #

CR2E034 (9/99)

FAX TO: 678-530-6156

Pg. 2 of 2

Form **SS-4**

(Rev. April 2000)

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.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) Palmbay Center @ AIPO, Inc.		3 Executor, trustee, "care of" name
2 Trade name of business (if different from name on line 1) Same		
4a Mailing address (street address) (room, apt., or suite no.) 255 South Orange Avenue, Suite 1540	5a Business address (if different from address on lines 4a and 4b)	
4b City, state, and ZIP code Orlando, Florida 32801	5b City, state, and ZIP code	
6 County and state where principal business is located Orange County Florida		
7 Name of principal officer, general partner, grantor, owner, or trustee SSN or ITIN may be required (see instructions) ▶ 266-64-4125 Floyd Whiddon, Jr.		

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

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

- | | |
|---|--|
| ☐ Sole proprietor (SSN) | ☐ Estate (SSN of decedent) |
| ☐ Partnership | ☐ Plan administrator (SSN) |
| ☐ REMIC | ☒ Other corporation (specify) ▶ "S" Corporation |
| ☐ State/local government | ☐ Trust |
| ☐ Church or church-controlled organization | ☐ Federal government/military |
| ☐ Other nonprofit organization (specify) ▶ | (enter GEN if applicable) |
| ☐ Other (specify) ▶ | |

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

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

☒ Started new business (specify type) ▶

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type) ▶

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Created a trust (specify type) ▶

☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
August 3, 2000

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) **N/A**

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	0	0

14 Principal activity (see instructions) ▶ **Real Estate**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.
☐ Public (retail) ☒ Other (specify) ▶ **Leasing of Warehousing** ☐ Business (wholesale) ☐ N/A17a 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
AUGUST 3, 2000	Atlanta, Ga. 39901	

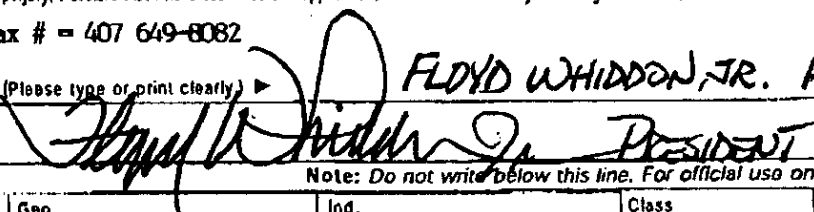
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

My Fax # = 407 649-8082

Name and title (Please type or print clearly) ▶

FLOYD WHIDDON, JR. PRES.

Signature ▶

Date ▶ **8.9.00**

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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