9044265320
MAY-08-00 03:30 PM GET LEGAL TRUCK SCALE 90

2000 UNIFORM BUSINESS REPORT (UBR)

3/9/00

FILED
May 22, 2000 8:00 am
Secretary of State
03-09-2000 90102 001 ***150.00

DOCUMENT # P98000050418

1. Entity Name
ATLANTIC INTERNATIONAL EXPOSITION, INC.

Principal Place of Business
... TURNBULL BAY RD
NEW SMYRNA BEACH FL 32168

Mailing Address
3065 TURNBULL BAY RD
NEW SMYRNA BEACH FL 32168-5437

DO NOT WRITE IN THIS SPACE

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 Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WAVER, VINCENT W
3065 TURNBULL BAY RD
NEW SMYRNA BEACH FL 32168

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEAVER, VINCENT W 3065 TURNBULL BAY RD NEW SMYRNA BEACH FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Vincent W. Weaver 3-7-00 (904) 409-7903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

DOC# P98000050418

EIN 303521

Form **SS-4**
(Rev. December 1993)
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.)

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
Atlantic International Exposition, Inc.

2 Trade name of business, if different from name in line 1

3 Executor, trustee, "care of" name
Vincent W. Weaver

4a Mailing address (street address) (room, apt., or suite no.)
3065 Turnbull Bay Road

5a Business address, if different from address in lines 4a and 4b

4b City, state, and ZIP code
New Smyrna Beach, FL 32168

5b City, state, and ZIP code

6 County and state where principal business is located
Volusia, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 594-09-5643
Vincent W Weaver

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

- ☐ Sole Proprietor (SSN) _____
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) _____
- ☐ Other (specify) ▶ _____
- ☐ Personal service corp.
- ☐ National guard
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator-SSN _____
- ☒ Other corporation (specify) Amusements
- ☐ Federal government/military
- ☐ Church or church controlled organization
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative

(enter GEN if applicable) _____

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.)

- ☒ Started new business (specify) ▶ _____
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶ _____
- ☐ Banking purpose (specify) ▶ _____
- ☐ Changed type of organization (specify) ▶ _____
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶ _____
- ☐ Other (specify) ▶ _____

10 Date business started or acquired (Mo., day, year) (See instructions.)
2/1/2000

11 Enter closing month of accounting year. (See instructions.)
December

12 First date wages or annuities were paid or will be paid (Mo., day, year). **Note:** *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ▶ 4/1/2000

13 Enter 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."* ▶

Nonagricultural	Agricultural	Household
20	0	0

14 Principal activity (See instructions.) ▶ Amusement Rides

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 the appropriate box. ☐ Business (wholesale) ☐ N/A
☒ Public (retail) ☐ Other (specify) ▶

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the 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)
904-409-7903

Name and title (Please type or print clearly.) ▶ Vincent W. Weaver President

Date ▶ 5/8/2000

Signature ▶

Note: *Do not write below this line. For official use only*

Please leave blank ▶	Geo.	Ind.		Class	Size	Reason for applying

For Paperwork Reduction Act Notice, see attached instructions. Cat. No. 16055N Form **SS-4** (Rev. 12-93)