

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # P98000098060

1. Entity Name

THE BUGFATHER, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

04-17-2000 90093 046 ***150.00

Principal Place of Business Mailing Address
 OFFICE BOX 291082 POST OFFICE BOX 291082
 ORANGE FL 32129-1082 PORT ORANGE FL 32129-1082

400000



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

7. Name and Address of New Registered Agent

TOUNG, BRIAN R
213 SILVER BEACH AVENUE
DAYTONA BEACH FL 32118

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	☐ Delete
NAME	PAPADEAS, MARYELLEN	
STREET ADDRESS	614 TOUCH STONE CIRCLE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	PVST	☐ Delete
NAME	PAPADEAS, MARYELLEN	
STREET ADDRESS	614 TOUCH STONE CIRCLE	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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: Maryellen Papadeas Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P98000098060

40338

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.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
MARY ELLEN PAPADEAS

2 Trade name of business (if different from name on line 1)
THE BULFATHER, Inc.

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
P.O. BOX 291082

4b City, state, and ZIP code
Port Orange, FL 32127

5a Business address (if different from address on lines 4a and 4b)

5b City, state, and ZIP code

6 County and state where principal business is located
Volusia County / FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►
MARY ELLEN PAPADEAS

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) **262 33 8587**

☐ Partnership ☐ Personal service corp.

☐ REMIC ☐ National Guard

☐ State/local government ☐ Farmers' cooperative

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ►

☐ Other (specify) ►

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Other corporation (specify) ►

☐ Trust

☐ Federal government/military

(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.) (see instructions)

☒ Started new business (specify type) ► **PEST CONTROL**

☐ Banking purpose (specify purpose) ►

☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Created a trust (specify type) ►

☐ Other (specify) ►

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

☐ Created a pension plan (specify type) ►

10 Date business started or acquired (month, day, year) (see instructions)
NOVEMBER 1999

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)

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 **0** Agricultural **0** Household **0**

14 Principal activity (see instructions) ► **PEST CONTROL GHP**

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) ► ☐ Business (wholesale) ☐ N/A

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

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.

Name and title (Please type or print clearly.) ► **PAPADEAS, MARY ELLEN**
614 TOUCHSTONE CIRCLE
PT. ORANGE, FL 32127

Business telephone number (include area code)
(904) 304-9224

Fax telephone number (include area code)

Signature ► **Mary Ellen Papadeas** Date ► **5/12/00**

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

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

