

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2000 8:00 am
Secretary of State

06-05-2000 90047 019 ***150.00

DOCUMENT # P99000036480

1. Entity Name

KABA SERVICES INC.

Principal Place of Business

**427 LAKE OF THE WOODS DRIVE
 VENICE FL 34293**

Mailing Address

**427 LAKE OF THE WOODS DRIVE
 VENICE FL 34293**

309848



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**SCHABERICK, JUERGEN
 427 LAKE OF THE WOODS DRIVE
 VENICE FL 34293**

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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 **METZLER, KARL**
 STREET ADDRESS **1413 EAST GATE DR**
 CITY-ST-ZIP **SARASOTA FL 34292 VENICE FL, 34292**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **METZLER, BARBARA**
 STREET ADDRESS **1413 EAST GATE DR**
 CITY-ST-ZIP **SARASOTA FL 34292 VENICE FL, 34292**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **METZLER, OLIVER**
 STREET ADDRESS **1413 EAST GATE DR**
 CITY-ST-ZIP **VENICE, FL 34292**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **OFFICER** ☐ Delete
 NAME **SCHABERICK, JUERGEN**
 STREET ADDRESS **427 LAKE OF THE WOODS DR.**
 CITY-ST-ZIP **VENICE, FL 34293**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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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: JUERGEN SCHABERICK, OFFICER 6-29-2000 941-350-7732
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

DOC# P99000036480

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Form **SS-4****Application for Employer Identification Number**

(Rev. April 2000)

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) <u>JUERGEN SCHABERICK</u>	
	2 Trade name of business (if different from name on line 1) <u>KABA SERVICES, INC.</u>	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <u>427 LAKE OF THE WOODS DR.</u>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <u>VENICE, FL 34293</u>	5b City, state, and ZIP code
	6 County and state where principal business is located <u>SARASOTA/FLORIDA</u>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ <u>590-57-4134</u> <u>JUERGEN SCHABERICK</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 checked="" 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

- | | |
|---|--|
| 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>SERVICES</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)
11-1-199911 Closing month of accounting year (see instructions)
12-31-2000 CALENDAR YEAR12 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) ▶ 10/200013 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) ▶ 514 Principal activity (see instructions) ▶ LANDSCAPING SERVICES15 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) ▶ INDIVIDUAL HOMEOWNERS ☐ 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

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.) ▶ JUERGEN SCHABERICK, OFFICER
Business telephone number (include area code) (941) 350-7732
Fax telephone number (include area code) (941) 484 6384Signature ▶ [Signature] Date ▶

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

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

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6/5/00-90047-019-\$150.00-\$150.00

DOCUMENT # P99000036480

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KABA SERVICES INC.

ATTACHMENT

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VENICE FL 34293

427 LAKE OF THE WOODS DRIVE
VENICE FL 34293-4145

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E(14/9/99)