

2000 UNIFORM BUSINESS REPORT (UBR)

5/22

FILED
Jul 21, 2000 8:00 am
Secretary of State

05-22-2000 90076 034 ***150.00

DOCUMENT # P99000037998

1. Entity Name

SOUTH FLORIDA SEPTIC SUPPLY CORP.

Principal Place of Business

7093 SOUTHERN BLVD
 WEST PALM BEACH FL 33413

Mailing Address

7093 SOUTHERN BLVD
 WEST PALM BEACH FL 33413-1827

2. Principal Place of Business

1799 7th AVE No
 Suite, Apt. #, etc.

3. Mailing Address

1799 7th AVE No
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

4. FEI Number

651022216

Applied For

Not Applicable

Zip
33461

Country
USA

Zip
33461

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMMARCO, VINCENT-T
9141 TAFT STREET
PEMBROKE PINES FL 33024

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 NAME STREET ADDRESS CITY-ST-ZIP	D. KANE, RAYMOND S 1416 BETA CIR LAKE CLARKE SHORES FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND S. KANE

Date

Daytime Phone #

4-30-00 586 4036

CR2E034 (9/99)

Form **SS-4**

(Rev. February 1996)

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

Attachment
P99000037998/308493
651022216

1	Name of applicant (legal name) (see instructions)	
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.)	5a Business address (if different from address on lines 4a and 4b)
4b	City, state, and ZIP code	5b City, state, and ZIP code
6	County and state where principal business is located	
7	Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►	

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 type="checkbox"/> REMIC | <input checked="" type="checkbox"/> Other corporation (specify) ► <u>FL CORP SOPS</u> |
| <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)

☒ Started new business (specify type) ►

☐ 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)

11 Closing month of accounting year (see instructions)

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)

14 Principal activity (see instructions)

15 Is the principal business activity manufacturing?

16 To whom are most of the products or services sold? Please check one box.

17a Has the applicant ever applied for an employer identification number for this or any other business?

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

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

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.)

Signature of

Date

Please leave blank

For Paperwork Reduction Act Notice, see page 4.

Cat. No. 16055N

Form **SS-4** (Rev. 2-96)