

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046258

1. Entity Name

THE ORIGINAL KIDS ON WHEELS, INC.



**FILED**  
Jun 14, 2001 8:00 am  
Secretary of State

05-03-2001 90944 005 \*\*\*158.75

Principal Place of Business

305 N.E. 1ST STREET  
GAINESVILLE FL 32601

Mailing Address

305 N.E. 1ST STREET  
GAINESVILLE FL 32601

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

**ETWINGER, CARV S**  
305 N.E. 1ST STREET  
GAINESVILLE FL 32601

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, 2001 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 ☐ Delete  
NAME **D MCNEILL, DORIS**  
STREET ADDRESS **11722 N.W. 25TH DRIVE**  
CITY - ST - ZIP **GAINESVILLE FL 32609**

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

TITLE ☐ Delete  
NAME **D MCNEILL, MICHAEL**  
STREET ADDRESS **11722 N.W. 25TH DRIVE**  
CITY - ST - ZIP **GAINESVILLE FL 32609**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

Form **SS-4**(Rev. December 1995)  
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.**DOC# 99000046258  
EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <b>THE ORIGINAL KIDS ON WHEELS, INC.</b>		
	2 Trade name of business (If different from name on line 1) <b>Same</b>		3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>305 N.E. 1st Street</b>		5a Business address (If different from address on lines 4a and 4b) <b>11722 N.W. 25th Drive</b>
	4b City, state, and ZIP code <b>Gainesville, FL 32601</b>		5b City, state, and ZIP code <b>Gainesville, FL 32609</b>
	6 County and state where principal business is located <b>Alachua, Florida</b>		
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ <b>267-37-9015</b> <b>Doris McNeill, President</b>			
8a Type of entity (Check only one box.) (See instructions.)			<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Personal service corp. <input checked="" type="checkbox"/> Other corporation (specify) ▶ <b>For Profit</b> <input type="checkbox"/> REMIC <input type="checkbox"/> -Limited liability co. <input type="checkbox"/> Trust _____ <input type="checkbox"/> State/local government <input type="checkbox"/> National Guard <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Farmers' cooperative <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		State <b>Florida</b>	Foreign country
9 Reason for applying (Check only one box.)			<input type="checkbox"/> Banking purpose (specify) ▶ _____ <input checked="" type="checkbox"/> Started new business (specify) ▶ <b>New Corporation/former proprietorship</b> <input type="checkbox"/> Hired employees <input type="checkbox"/> Changed type of organization (specify) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>August 1, 1999</b>		11 Closing month of accounting year (See instructions.) <b>December 31</b>	
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) . . . . . ▶ <b>September 1, 1999</b>			
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 <b>2</b>	Agricultural Household
14 Principal activity (See instructions.) ▶ <b>Transportation service for school-age children</b>			
15 Is the principal business activity manufacturing? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A			
17a Has the applicant ever applied for an identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.			Business telephone number (include area code) <b>(352) 371-9592</b> Fax telephone number (include area code) <b>(352) 337-0696</b>
Name and title (Please type or print clearly.) ▶ <b>Doris McNeill, President/Director</b>			

Signature

*Doris McNeill*

Date

*6-1-99*

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

Please leave blank ▶

Geo.

Ind.

Class

Size

Reason for applying