2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State
05-11-2000 90304 048 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000055253

1. Entity Name

K MAR SERVICES, INC.

Principal Place of Business	Mailing Address
397 36TH ST. S.E. LARGO FL 33771	397 36TH ST. S.E. LARGO FL 33771-2613

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 (5-31-00)* ☐ 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
BUTTICE, KATHLEEN M 397 36TH ST. S.E. LARGO FL 33771	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 BUTTICE, KATHLEEN M 397 36TH ST. S.E. LARGO FL 33771 ☐ 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

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: *Kathleen M Buttice* — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00 — Date

727-536-0204 — Daytime Phone #

#P99000055253

FROM : West Coast Accounting

FAX NO. : 9419214549

305501

May. 31 2000 11:54AM P2

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.)

EIN

OMB No 1545-0003
Expires 12-31-96

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
K MAR SERVICES, INC.

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

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
397 36 STREET SE

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

4b City, state, and ZIP code
LARGO FLORIDA 33771

5b City, state, and ZIP code

6 County and state where principal business is located
PINELLAS COUNTY FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 328-48-5595
KATHLEEN M BUTTICE

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) S-CORP
- ☐ 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) ▶ CORPORATION
- ☐ 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.)
JUNE 17, 1999

11 Enter closing month of accounting year (See instructions.)
NO BUSINESS TRANSACTIONS

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)* ▶ NO BUSINESS TO DATE

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
	0		

14 Principal activity (See instructions.) ▶ WHOLESALE DISTRIBUTION & CONSULTING

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 shown on prior application, if different from line 1 or 2 above.
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)

Name and title (Please type or print clearly.) ▶ KATHLEEN M BUTTICE, PRES. 727-519-0180

Signature ▶ Kathleen M Buttice Date ▶ 5-31-00

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)