

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 18, 2001 8:00 am
Secretary of State

04-17-2001 90021 033 ***150.00

DOCUMENT # P99000055678

1. Entity Name
HEGNER-VAIS CORPORATION

Principal Place of Business 3910 DEER CROSSING CT., UNIT 101 NAPLES FL 34114	Mailing Address 1125 S. BRAINARD LA GRANGE IL 60525
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number APPLIED FOR		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VAIS, ANTHONY 3910 DEERCROSSING COURT #101 NAPLES FL 34114		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

B. 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAIS, ANTHONY 1125 S. BRAINARD LA GRANGE IL 60525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VAIS, JUDY 1125 S. BRAINARD LA GRANGE IL 60525 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 empowered.

SIGNATURE: Anthony J. Vais **ANTHONY J. VAIS** 4/1/01 78-303-1350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
P190055078
3253

Form **SS-4** Application for Employer Identification Number
 (Rev. April 2000) (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)
 Department of the Treasury Internal Revenue Service
 OMB No. 1545-0047
 Keep a copy for your records.

1 Name of applicant (legal name) (see instructions)
HEGNER-VAIS CORPORATION

2 Trade name of business, if different from name on line 1
SAME

3 Executor, trustee, "care of" name
ANTHONY VAIS

4a Mailing address (street address, room, apt., or suite no.)
1125 DEANWARD

4b City, state, and ZIP code
LA GRANGE IL 60525

5a Business address (if different from address on lines 4a and 4b)
3910 DEER CREEK DR + C-RT

5b City, state, and ZIP code
NAPLES, FL 34114

6 County and state where principal business is located
COLLIER COUNTY, FL.

7 Name of principal officer, general partner, partner, owner, or trustee. SSN or TIN may be required (see instructions) ▶
ANTHONY J. VAIS 302-35-2275

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) _____

Partnership Personal service corp.

REMIC National Guard

State/local government Farmers' cooperative

Church or church-controlled organization

Other nonprofit organization (specify) ▶ _____ (enter GEN if applicable)

Other (specify) ▶ _____

Estate (SSN of decedent) _____

Plan administrator (SSN) _____

Other corporation (specify) ▶ **C-CORP.**

Trust

Federal government/military

8b If a corporation, name the state or foreign country State **FLORIDA** Foreign country _____
 If applicable, where incorporated

9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ▶ **RENTAL PROPERTY**

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 on one line 12.)

Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year) (see instructions)
JAN 1, 2001

11 Closing month of accounting year (see instructions)
CALNDAR

12 First date wages or salaries were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income tax first to 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 Agricultural Household

14 Principal activity (see instructions) ▶ **RENTAL**

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 ▶ **MICHAEL ANTHONY VAIS RESTAURANT**
 Trade name ▶ **MICHAEL ANTHONY VAIS RESTAURANT**

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
1984 IL IN 025

Under penalties of perjury, I declare that I have prepared this application, and to the best of my knowledge and belief, it is true, correct, and complete.

ANTHONY J. VAIS

Business telephone number (include area code) (708) 354-7051
 Fax telephone number (include area code) (708) 354-7051

Name and title (Please type or print clearly) ▶
Anthony J. Vais

Signature ▶ *Anthony J. Vais* Date ▶ _____

Please leave blank ▶

Geo.	Ind	Class	Size	Reason for applying