

2000 UNIFORM BUSINESS REPORT (UBR)

5/2,

FILED

Jun 01, 2000 8:00 am
Secretary of State

05-02-2000 90062 009 ***150.00

DOCUMENT # P99000081988

1. Entity Name

DATIL DEW CORP.

Principal Place of Business

Mailing Address

**539 DEER PATH RD
GREEN COVE SPRINGS FL 32043-8127**

**539 DEER PATH RD
GREEN COVE SPRINGS FL 32043-8127**

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

See Application

☒ 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

**BATES, BYRON E
539 DEER PATH RD
GREEN COVE SPRINGS FL 32043-8127**

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/T/M WANDA R. BATES
STREET ADDRESS	539 DEER PATH RD
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043-8127
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Wanda R. Bates **4-25-2000 904 284-8144**

Date

Daytime Phone #

CR2E034 (9/99)

100# P99 000081988

304923

Form **SS-4**

(Rev February 1998)
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

PLEASE
PRINT
CLEARLY
OR

1 Name of Applicant (legal name) (see instructions)

DATIL DEW CORPORATION

2 Trade Name of Business (if different from name on line 1)

3 Executor, Trustee, 'Care of' Name

4a Mailing Address (street address) (room, apartment, or suite number)

539 DEER PATH ROAD

5a Business Address (if different from address in lines 4a and 4b)

4b City State ZIP Code

GREEN COVE SPRINGS FL 32043

5b City State ZIP Code

6 County and State Where Principal Business is Located

CLAY, FLORIDA

7 Name of Principal Officer, General Partner, Grantor, Owner, or Trustor — SSN or ITIN may be required (see instructions)

WANDA BATES 384-40-7535

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

☐ REMIC

☐ State/local government

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ►

☐ Other (specify) ►

☐ Personal service corp

☐ National Guard

☐ Farmers' cooperative

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☒ Other corporation (specify) ►

☐ Trust

☐ Federal government/military

(enter GEN if applicable)

MANUFACTURING CORPORATION

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.) (see instructions)

☒ Started new business (specify type) ► PROCESS & MANUFACTURE FOOD PRODUCT

☐ Hired employees. (Check the box and see line 12.)

☐ Created a pension plan (specify type) ►

☐ Banking purpose (specify purpose) ►

☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Created a trust (specify type) ►

☐ Other (specify) ►

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

10/01/99

11 Closing month of accounting year (see instructions)

DECEMBER

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) N/A

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

0

0

0

14 Principal activity (see instructions) ► MANUFACTURE AND PROCESS FOOD PRODUCT

15 Is the principal business activity manufacturing?

If 'Yes,' principal product and raw material used ► DATIL PEPPER

☒ Yes

☐ No

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

☐ Public (retail)

☐ Other (specify) ►

☒ Business (wholesale)

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 & 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 (month, 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.) ► WANDA BATES

Signature ► Wanda Bates

Date ► 05-25-2000

Business Telephone Number (include area code)

904-284-8144

Fax Telephone Number (include area code)

904-284-8182

Please leave blank ► Geo Ind Class Size Reason for Applying

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

BAA For Paperwork Reduction Act Notice, see separate Instructions.

FDZ2901 09/27/99

Form SS-4 (Rev 2-98)