

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # P99000083806

1. Entity Name

HIGHER STANDARD, INC.

FILED
Jun 01, 2000 8:00 am
Secretary of State

05-10-2000 90086 041 ***150.00

Principal Place of Business

2890 US HWY 98 W.
SANTA ROSA BEACH FL 32459

Mailing Address

2890 US HWY 98 W.
SANTA ROSA BEACH FL 32459-5326

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

☐ 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

WALLENS, PAT A.
2890 US HWY 98 W.
SANTA ROSA BEACH FL 32459

Name GERALD C. WALLENS

Street Address (P.O. Box Number is Not Acceptable)

2890-A HWY 98 W

City SANTA ROSA BEACH FL

Zip Code 32459

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

P. A. Wallens

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/00

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 PAT A. WALLENS-PRESIDENT ☒ Delete
NAME 2890-A HWY 98 W. SEC & TREAS
STREET ADDRESS SANTA ROSA BEACH, FL
CITY-ST-ZIP

TITLE GERALD C. WALLENS ☐ Change ☒ Addition
NAME 2890-B HWY 98 W.
STREET ADDRESS SANTA ROSA BEACH, FL 32459
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

P. A. Wallens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/00

Daytime Phone #

CR2E034 (9/98)

1299000083804

408086

Form **SS-4**

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

(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) WALLENS		3 Executor, trustee, "care of" name
2 Trade name of business (if different from name on line 1) HIGHER STANDARD, Inc		
4a Mailing address (street address) (room, apt., or suite no.) 146 MAGNOLIA		5a Business address (if different from address on lines 4a and 4b) 2890 Hwy 98W.
4b City, state, and ZIP code SANTA ROSA BEACH FL 32459		5b City, state, and ZIP code
6 County and state where principal business is located WALTON FLORIDA		
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► GERALD C. WALLENS 123-26-2706		

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 type="checkbox"/> Other corporation (specify) ► "S" Corp.
<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

State FL	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)

<input checked="" type="checkbox"/> Started new business (specify type) ► RETAIL HOMES	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)
3-1-2000

11 Closing month of accounting year (see instructions)
DEC

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)** **X/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) ► **SALES**

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. ☐ Business (wholesale) ☒ Public (retail) ☐ Other (specify) ► ☐ 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 ► 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) (850) 267-1111
Fax telephone number (include area code) (850) 267-1103

Name and title (Please type or print clearly.) ► **GERALD C. WALLENS, PRESIDENT**

Signature ► **G. Wallens** Date ► **2-25-2000**

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

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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