

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 25, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90029 017 \*\*\*150.00

**DOCUMENT # P99000097494**

1. Entity Name

**CABER ENTERPRISES, INC.**

Principal Place of Business

P O BOX 7560  
 SARASOTA FL 34278

Mailing Address

P O BOX 7560  
 SARASOTA FL 34278

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

**STEPHENS, ROBERT**  
**1869 ARCADIA AVE**  
**SARASOTA FL 34232**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STEPHENS, ROBERT</b> <b>PO BOX 7560</b> <b>SARASOTA FL 34278</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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
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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"/> 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: Robert Stephens  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2001 (411) 376-8510  
 Date Daytime Phone #

CR2E034 (10/00)

Form **SS-4**

(Rev. April 2000)

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 type or print clearly.

<b>1</b> Name of applicant (legal name) (see instructions) <b>CABER ENTERPRISES, INC.</b>		<b>3</b> Executor, trustee, "care of" name <b>ROBERT M. STEPHENS</b>	
<b>2</b> Trade name of business (if different from name on line 1)  		<b>5a</b> Business address (if different from address on lines 4a and 4b)  	
<b>4a</b> Mailing address (street address) (room, apt., or suite no.) <b>POB 7560</b>		<b>5b</b> City, state, and ZIP code  	
<b>4b</b> City, state, and ZIP code <b>SARASOTA, FL. 34278</b>		 	
<b>6</b> County and state where principal business is located <b>SARASOTA, FLORIDA</b>			
<b>7</b> Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ <b>255-17-3565</b>			

**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"/> Partnership <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input checked="" type="checkbox"/> Other corporation (specify) ▶ <b>INCORPORATION</b> <input type="checkbox"/> Trust <input type="checkbox"/> Federal government/military
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<b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>FLORIDA</b>	Foreign country
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<b>9</b> Reason for applying (Check only one box.) (see instructions) <input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>photography hobby</b> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Created a pension plan (specify type) ▶	<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input checked="" type="checkbox"/> Changed type of organization (specify new type) ▶ <b>photography</b> <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Other (specify) ▶
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<b>10</b> Date business started or acquired (month, day, year) (see instructions) <b>11/2/2000</b>	<b>11</b> Closing month of accounting year (see instructions) <b>DECEMBER</b>
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<b>12</b> 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) . . . . . ▶ <b>0</b>	
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<b>13</b> 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>0</b>	Agricultural <b>0</b>	Household <b>0</b>
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**14** Principal activity (see instructions) ▶ **photography**

<b>15</b> Is the principal business activity manufacturing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," principal product and raw material used ▶ <b>analog &amp; digital images - photographic film</b>	

<b>16</b> To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale) <input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶
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<b>17a</b> Has the applicant ever applied for an employer 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.	

<b>17b</b> 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 ▶

<b>17c</b> Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Previous EIN
Approximate date when filed (mo., day, year)   City and state where filed	

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)

**(941) 376-8510**

Fax telephone number (include area code)

( )

Name and title (Please type or print clearly.) ▶ **Robert M. Stephens, President**Signature ▶ **[Signature]** Date ▶ **6/12/2001**

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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Attachment  
DOC # P99000097494  
73356

I CHECKED WITH IRS AND  
THEY DID NOT RECEIVE MY  
APPLICATION PRIOR - SO  
I AM SENDING IN AGEN, AS  
WELL AS FINING - PLEASE  
LET ME KNOW IF THERE IS  
FURTHER INFO NEEDED. THIS IS ONLY  
A HOBBY BUSINESS - IT WOULD BE MORE  
IF THERE WERE SMALLER FEES FOR SUCH

NOR HAS THERE BEEN ANY INCOME  
ALSO, THE PERSON WHO FILED  
MY INCORPORATION PAPERS HAS  
LEFT MY CONTACT - WHAT TYPE  
OF CORPORATION IS MY CLASSIFIED  
CORP TYPE?  
THANKS FOR ANY ASSISTANCE.  
Sincerely,  
Robert Stephens