

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106382

1. Entity Name

C.W. KALFAS INVESTMENTS INC.

Principal Place of Business

531 SCOTTY'S LANE
TALLAHASSEE FL 32303

Mailing Address

531 SCOTTY'S LANE
TALLAHASSEE FL 32303

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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: PD
NAME: KALFAS, BILL
STREET ADDRESS: 531 SCOTTY'S LN
CITY-ST-ZIP: TALLAHASSEE FL 32303 Delete Change AdditionTITLE: D
NAME: LEVINE, MARK S
STREET ADDRESS: 245 E. VIRGINIA ST
CITY-ST-ZIP: TALLAHASSEE FL 32301 Delete Change AdditionTITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete Delete Change AdditionTITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete Delete Change AdditionTITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete Delete Change AdditionTITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete Delete 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: 

SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-01-2002 90014 026 ***150.00



DO NOT WRITE IN THIS SPACE

Attachment 23992 / #P99000106382
Application for Employer Identification Number(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
► See separate instructions for each line. ► Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.

1	Legal name of entity (or individual) for whom the EIN is being requested <i>C. W. KAIFAS INVESTMENTS INC.</i>																	
2	Trade name of business (if different from name on line 1)																	
4a	Mailing address (room, apt., suite, no. and street, or P.O. Box) <i>531 Silver Slipper Lane</i>																	
4b	City, state and ZIP code <i>TALLAHASSEE FL 32303</i>																	
6	County and state where principal business is located <i>LEON FLORIDA</i>																	
7a	Name of principal officer, general partner, grantor, owner, or trustor <i>CLARENCE W. KAIFAS</i>		7b SSN, ITIN, or EIN <i>267062214</i>															
8a	Type of entity (check only one box) <table border="0"> <tr> <td><input checked="" type="checkbox"/> Sole proprietor (SSN) _____</td> <td><input type="checkbox"/> Estate (SSN of decedent) _____</td> </tr> <tr> <td><input type="checkbox"/> Partnership _____</td> <td><input type="checkbox"/> Plan administrator (SSN) _____</td> </tr> <tr> <td><input type="checkbox"/> Corporation (enter form number to be filed) ► _____</td> <td><input type="checkbox"/> Trust (SSN of grantor) _____</td> </tr> <tr> <td><input type="checkbox"/> Personal service corp. _____</td> <td><input type="checkbox"/> National Guard _____</td> </tr> <tr> <td><input type="checkbox"/> Church or church-controlled organization _____</td> <td><input type="checkbox"/> Farmers' cooperative _____</td> </tr> <tr> <td><input type="checkbox"/> Other nonprofit organization (specify) ► _____</td> <td><input type="checkbox"/> REMIC _____</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ► _____</td> <td>Group Exemption Number (GEN) ► _____</td> </tr> </table>			<input checked="" 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"/> Corporation (enter form number to be filed) ► _____	<input type="checkbox"/> Trust (SSN of grantor) _____	<input type="checkbox"/> Personal service corp. _____	<input type="checkbox"/> National Guard _____	<input type="checkbox"/> Church or church-controlled organization _____	<input type="checkbox"/> Farmers' cooperative _____	<input type="checkbox"/> Other nonprofit organization (specify) ► _____	<input type="checkbox"/> REMIC _____	<input type="checkbox"/> Other (specify) ► _____	Group Exemption Number (GEN) ► _____	
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8b	If a corporation, name the state or foreign country (if applicable) where incorporated	State _____	Foreign country _____															
9	Reason for applying (check only one box) <table border="0"> <tr> <td><input type="checkbox"/> Started new business (specify type) ► _____</td> <td><input type="checkbox"/> Banking purpose (specify purpose) ► _____</td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 12.)</td> <td><input type="checkbox"/> Changed type of organization (specify new type) ► _____</td> </tr> <tr> <td><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) ► _____</td> <td><input type="checkbox"/> Created a trust (specify type) ► _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) ► _____</td> </tr> </table>			<input type="checkbox"/> Started new business (specify type) ► _____	<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"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Other (specify) ► _____	<input type="checkbox"/> Created a trust (specify type) ► _____		<input type="checkbox"/> Created a pension plan (specify type) ► _____					
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10	Date business started or acquired (month, day, year) <i>6/2001</i>	11 Closing month of accounting year <i>N/A</i>																
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) _____																	
13	Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have employees during the period, enter "-0-". <i>N/A</i> Agricultural Household Other																	
14	Check one box that best describes the principal activity of your business. <table border="0"> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Rental & leasing</td> <td><input type="checkbox"/> Transportation & warehousing</td> <td><input type="checkbox"/> Health care & social assistance</td> <td><input type="checkbox"/> Wholesale - agent/broker</td> </tr> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance & insurance</td> <td><input type="checkbox"/> Accommodation & food service</td> <td><input type="checkbox"/> Wholesale - other</td> </tr> <tr> <td colspan="3"></td> <td><input type="checkbox"/> Other (specify) _____</td> <td><input type="checkbox"/> Retail</td> </tr> </table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale - agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale - other				<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Retail
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			<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Retail														
15	Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.																	
16a	Has the applicant ever applied for an employer identification number for this or any other business? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Note: If "yes," please complete lines 16b and 16c.																	
16b	If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ► _____ Trade name ► _____																	
16c	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 _____																	
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form. Designee's name <i>MACK S. LEVINE</i> Address and ZIP code <i>245 E. VIRGINIA ST. TALLAHASSEE FL 32301</i> Designee's telephone number (include area code) <i>800 222 6780</i> Designee's fax number (include area code)																	
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 (type or print clearly) ► <i>CLARENCE W. KAIFAS</i> Signature ► <i>Clarence W. Kaifas</i> Date ► <i>2/19/2002</i> Applicant's telephone number (include area code) Applicant's fax number (include area code)																		

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

ISA

STF FED7769F.1