

2000 UNIFORM BUSINESS REPORT (UBR)

5/35/3/0

DOCUMENT # P99000108822

1. Entity Name

5100 WEST HANNA, INC.

FILED
Jul 11, 2000 8:00 am
Secretary of State

05-03-2000 90096 037 ***150.00

Principal Place of Business

226 N. DUVAL ST.
TALLAHASSEE FL 32301

Mailing Address

226 N. DUVAL ST.
TALLAHASSEE FL 32301

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 13633

Suite, Apt. #, etc.

City & State

City & State
TALLAHASSEE, FL

4. FEI Number

☒ Applied For☐ Not Applicable

Zip

Country

Zip

Country

32317

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

LINDSEY, SCOTT
1407 PIEDMONT DR. E.
TALLAHASSEE FL 32312

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
RUDNICK, JAMES M
226 N. DUVAL ST.
TALLAHASSEE FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-STATE-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

4/24/00

Date

850-671-1999

Daytime Phone #

CR2E034 (9/99)

Doc # P99000108822 / 308025

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.	1 Name of applicant (legal name) (see instructions) 5100 WEST HANNA, INC.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) P O BOX 13633	5a Business address (if different from address on lines 4a and 4b) 226 N DUVAL
	4b City, state, and ZIP code TALLAHASSEE, FL 32317	5b City, state, and ZIP code SAME
	6 County and state where principal business is located LEON - FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustor - SSN or ITIN may be required (see instructions.) ► JAMES M RUDMICK	

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 checked="" type="checkbox"/> Other (specify) ► NEW CORPORATION	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Other corporation (specify) ► <input type="checkbox"/> Trust <input type="checkbox"/> Federal government/military (enter GEN if applicable)
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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) ► Rental Property <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 type="checkbox"/> Changed type of organization (specify new type) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ► <input type="checkbox"/> Other (specify) ►
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10 Date business started or acquired (month, day, year) (see instructions) 12-16-99	11 Closing month of accounting year (see instructions) 12-31
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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 RENTAL PROPERTY**

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 0	Agricultural 0	Household 0
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14 Principal activity (see instructions) ► **RENTAL PROPERTY**

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) ►

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
NA	

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) 850-671-1999	Fax telephone number (include area code)
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Name and title (Please type or print clearly.) ► **JAMES M RUDNICK**

Signature ► Date ► **7/5/00**

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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