

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

07-24-2001 90005 025 ***158.75

DOCUMENT # P00000082699			
1. Entity Name C-4, INC. (LR)			
Principal Place of Business PO BOX 222861 WEST PALM BEACH FL 33422		Mailing Address PO BOX 222861 WEST PALM BEACH FL 33422	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, REGINALD 1710 W. 45TH ST., UNIT C-6 WEST PALM BEACH FL 33407		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and U.S. if applicable. (NOTE: Registered Agent signature required when retaining)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		
BROWN, REGINALD			
PO BOX 222861			
WEST PALM BEACH FL 33422			
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 637, 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: <u>REGINALD BROWN</u> REQUIRED			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



DO NOT WRITE IN THIS SPACE

see attached app.

CR2E034 (5/01)

Attachment 11731 P00000082699
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

► Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) <u>Reginald Brown</u>		3 Executor, trustee, "care of" name <u>Reginald Brown</u>	
2 Trade name of business (if different from name on line 1) <u>C-4, Inc.</u>			
4a Mailing address (street address) (room, apt., or suite no.) <u>PO Box 222861</u>		5a Business address (if different from address on lines 4a and 4b)	
4b City, state, and ZIP code <u>WIPB FL 33422</u>		5b City, state, and ZIP code	
6 County and state where principal business is located <u>Palm Beach FL</u>			
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► <u>Reginald Brown 112-56-4450</u>			

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"/> Personal service corp. |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> National Guard |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Farmers' cooperative |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Other nonprofit organization (specify) ► _____ | <input type="checkbox"/> Federal government/military |
| <input checked="" type="checkbox"/> Other (specify) ► <u>Corporation</u> (enter GEN if applicable) _____ | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State <u>Florida</u>	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) ► <u>consulting</u> <u>paperwork processing</u>	<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"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Created a trust (specify type) ► _____
<input type="checkbox"/> Created a pension plan (specify type) ► _____	<input type="checkbox"/> Other (specify) ► _____

10 Date business started or acquired (month, day, year) (see instructions) January 1, 2001

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) none paid

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) ► paperwork processing

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.

<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ► _____	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
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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.

Name and title (Please type or print clearly.) ► <u>Reginald Brown, owner</u>	Business telephone number (include area code) <u>561-721-1127</u>
	Fax telephone number (include area code) <u>561-833-6131</u>

Signature ► Reginald Brown Date ► 8/21/01

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

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