

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90603 008 ***150.00

0450204 AV

DOCUMENT # K71361

1. Entity Name

AFFORDABLE WOOD FURNITURE, INC.

Principal Place of Business

**6095 HAINES ROAD N
 ST. PETERSBURG FL 33714
 US**

Mailing Address

**6095 HAINES RD. N
 ST. PETERSBURG FL 33714
 US**

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

65-0101717

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

**DANN, PHILIP W.
 3839 4TH ST. NORTH #570
 ST. PETERSBURG FL 33703**

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 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 **P** ☐ Delete
 NAME **MUSE, STEPHEN, H.**
 STREET ADDRESS **1160 53 AVE. N.**
 CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **ST** ☐ Delete
 NAME **MUSE, KATHLEEN G.**
 STREET ADDRESS **1160 53 AVE. N.**
 CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Stephen H. Muse
STEPHEN H. MUSE **PRES** **3-22-02 (727) 525-9646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
Datt # K 113e 1

353493

Form **1120S**

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0130

Department of the Treasury
Internal Revenue Service

▶ Do not file this form unless the corporation has timely filed
Form 2553 to elect to be an S corporation.
▶ See separate instructions.

2001

For calendar year 2001, or tax year beginning 2001, and ending 20

A Effective date of election as an S corporation <u>1-1-91</u>	Use IRS label. Otherwise, print or type.	Name AFFORDABLE WOOD FURNITURE, INC	C Employer identification number <u>65-0101717</u>
		Number, street, and room or suite or apartment (see page 11 of the instructions.) 6095 Haines Road N. St. Petersburg, FL 33714	D Date incorporated <u>3-9-89</u>
B Business code no. (see pages 29-31) <u>444200</u>		City or town, state, and ZIP code <u>33714</u>	E Total assets (see page 11) \$

F Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return

G Enter number of shareholders in the corporation at end of the tax year ▶

Caution: Include **only** trade or business income and expenses on lines 1a through 21. See page 11 of the instructions for more information.

Income	1a Gross receipts or sales	<u>10497191</u>	b Less returns and allowances	<u>10497191</u>	c Bal ▶	1c	<u>10497 91</u>
	2 Cost of goods sold (Schedule A, line 8)					2	<u>12457 89</u>
	3 Gross profit. Subtract line 2 from line 1c					3	<u>(1959 98)</u>
	4 Net gain (loss) from Form 4797, Part II, line 18 (attach Form 4797)					4	
	5 Other income (loss) (attach schedule)					5	
	6 Total income (loss). Combine lines 3 through 5					▶ Loss	<u>(1959 98)</u>
Deductions (see page 12 of the instructions for limitations)	7 Compensation of officers					7	
	8 Salaries and wages (less employment credits)					8	
	9 Repairs and maintenance					9	<u>155 73</u>
	10 Bad debts					10	
	11 Rents					11	
	12 Taxes and licenses					12	<u>202 96</u>
	13 Interest					13	<u>1638 03</u>
	14a Depreciation (if required, attach Form 4562)	14a					
	b Depreciation claimed on Schedule A and elsewhere on return	14b					
	c Subtract line 14b from line 14a					14c	
	15 Depletion (Do not deduct oil and gas depletion.)					15	
	16 Advertising					16	<u>330 00</u>
	17 Pension, profit-sharing, etc., plans					17	
	18 Employee benefit programs					18	
	19 Other deductions (attach schedule) INS, 368 ⁰⁰ UTIL 200 ⁰⁰ VISA SERV. 122.4					19	<u>690 21</u>
20 Total deductions. Add the amounts shown in the far right column for lines 7 through 19					▶ Loss	<u>3016 93</u>	
21 Ordinary income (loss) from trade or business activities. Subtract line 20 from line 6.						<u>(4976 91)</u>	
Tax and Payments	22 Tax: a Excess net passive income tax (attach schedule)	22a					
	b Tax from Schedule D (Form 1120S)	22b					
	c Add lines 22a and 22b (see page 16 of the instructions for additional taxes)					22c	
	23 Payments: a 2001 estimated tax payments and amount applied from 2000 return	23a					
	b Tax deposited with Form 7004	23b					
	c Credit for Federal tax paid on fuels (attach Form 4136)	23c					
	d Add lines 23a through 23c					23d	
	24 Estimated tax penalty. Check if Form 2220 is attached					24	
	25 Tax due. If the total of lines 22c and 24 is larger than line 23d, enter amount owed. See page 4 of the instructions for depository method of payment					25	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid					26	
27 Enter amount of line 26 you want: Credited to 2002 estimated tax ▶ Refunded ▶					27		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer <u>Steph H. Munn</u>	Date ____		
Paid Preparer's Use Only	Preparer's signature ▶	Date ____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN ____
	Firm's name (or yours if self-employed), address, and ZIP code ▶	EIN ____		Phone no. () ____
	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Title <u>OWNER</u>			

Attachment
OM# 8713201

353493 Page 2

Schedule A Cost of Goods Sold (see page 16 of the instructions)

1	Inventory at beginning of year	1	2520	00
2	Purchases	2	8430	72
3	Cost of labor	3	3989	67
4	Additional section 263A costs (attach schedule)	4		
5	Other costs (attach schedule) OFFICE Supp. 582.50	5	582	50
6	Total. Add lines 1 through 5	6	15522	89
7	Inventory at end of year	7	3065	00
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	12457	89

9a Check all methods used for valuing closing inventory:

- (i) ☒ Cost as described in Regulations section 1.471-3
(ii) ☐ Lower of cost or market as described in Regulations section 1.471-4
(iii) ☐ Other (specify method used and attach explanation) ▶

b Check if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c) ▶ ☐**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐**d** If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO **9d** **e** Do the rules of section 263A (for property produced or acquired for resale) apply to the corporation? ☐ Yes ☐ No**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? ☐ Yes ☒ No
If "Yes," attach explanation.**Schedule B Other Information**

	Yes	No
1 Check method of accounting: (a) <input checked="" type="checkbox"/> Cash (b) <input type="checkbox"/> Accrual (c) <input type="checkbox"/> Other (specify) ▶		
2 Refer to the list on pages 29 through 31 of the instructions and state the corporation's principal: (a) Business activity ▶ RETAIL SALES (b) Product or service ▶ OUTDOOR FURNITURE		
3 Did the corporation at the end of the tax year own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a schedule showing: (a) name, address, and employer identification number and (b) percentage owned.		X
4 Was the corporation a member of a controlled group subject to the provisions of section 1561?		X
5 Check this box if the corporation has filed or is required to file Form 8264, Application for Registration of a Tax Shelter		
6 Check this box if the corporation issued publicly offered debt instruments with original issue discount		
If so, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
7 If the corporation: (a) filed its election to be an S corporation after 1986, (b) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation, and (c) has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see page 17 of the instructions) ▶ \$		
8 Check this box if the corporation had accumulated earnings and profits at the close of the tax year (see page 17 of the instructions) ▶		

Note: If the corporation had assets or operated a business in a foreign country or U.S. possession, it may be required to attach Schedule N (Form 1120), Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.**Schedule K Shareholders' Shares of Income, Credits, Deductions, etc.**

	(a) Pro rata share items	(b) Total amount
1 Ordinary income (loss) from trade or business activities (page 1, line 21)	Loss 1	(4976 91)
2 Net income (loss) from rental real estate activities (attach Form 8825)	2	
3a Gross income from other rental activities	3a	
3b Expenses from other rental activities (attach schedule)	3b	
3c Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c	
4 Portfolio income (loss):		
a Interest income	4a	
b Ordinary dividends	4b	
c Royalty income	4c	
d Net short-term capital gain (loss) (attach Schedule D (Form 1120S)).	4d	
e (1) Net long-term capital gain (loss) (attach Schedule D (Form 1120S)).	4e(1)	
(2) 28% rate gain (loss) (3) Qualified 5-year gain		
f Other portfolio income (loss) (attach schedule)	4f	
5 Net section 1231 gain (loss) (other than due to casualty or theft) (attach Form 4797)	5	
6 Other income (loss) (attach schedule)	6	