

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042897

1. Entity Name
GULFVIEW LANDING INC.

Principal Place of Business

845 GULFVIEW BLVD #202
CLEARWATER FL 33767

Mailing Address

69 CLIFF DRIVE
SAG HARBOR NY 11963

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

MAGUIRE, PATRICK T
308 N BELCHER ROAD
CLEARWATER FL 33765

7. Name and Address of New 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. I am familiar with, and accept, the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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
PT
BELESIS, MARY D
69 CLIFF DRIVE
SAG HARBOR NY 11963 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BELESIS, MIHAIL
69 CLIFF DRIVE
SAG HARBOR NY 11963 ☐ Delete

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

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: NSIGATIBRE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-02

Date

63125045

Daytime Phone #

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-08-2002 90236 032 ***150.00

39502



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Re: UBR #P42897

July 7, 2002

Attachment
B#P0000045897
39502

Dear Sir:

Enclosed please find requested UBR for Gulfview
Landing Inc. presented this notice in the
mail today. This is the last notice ever
received by the Corporation or me personally.

I have enclosed the required \$150.00 filing
fee with this report.

If you have any further questions, please
advise.

Sincerely,

Mary D. Belous
President of
Gulfview Landing Inc.

1 Name of applicant (legal name) (see Instructions) Mary D. Belesis		3 Executor, trustee, "care of" name	
2 Trade name of business (If different from name on line 1) Gulfview Landing Inc.		5a Business address (If different from address on lines 4a and 4b)	
4a Mailing address (street address) (room, apt., or suite no.) 845 Gulfview Blvd. #202		5b City, state, and ZIP code	
4b City, state, and ZIP code Clearwater Beach, FL 33767			
5 County and state where principal business is located			
7 Name of principal officer, general partner, grantor, owner, or trustee-SSN or ITIN may be required (see Instructions) Mary D. Belesis, President			
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) Small <input type="checkbox"/> Trust <input type="checkbox"/> Federal government/military (enter GEN if applicable)			
8b If a corporation, name the state or foreign country (If applicable) where incorporated Florida		Foreign country	
9 Reason for applying (Check only one box.) (see Instructions) <input checked="" type="checkbox"/> Started new business (specify type) Real Estate Holding <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) 10 Date business started or acquired (month, day, year) (see Instructions) 4/27/00			
11 Closing month of accounting year (see Instructions) 12/31			
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) 12/31/2000			
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)		Monocultural Agricultural Household 2	
14 Principal activity (see Instructions)			
15 Is the principal business actively manufacturing? If "Yes," principal product and raw material used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16 To whom are most of the products or services sold? Please check one box. <input type="checkbox"/> Public (retail) <input checked="" type="checkbox"/> Other (specify) Holding Company <input type="checkbox"/> Business (wholesale)			
17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 Mary D. Belesis 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.) Mary D. Belesis, President		Business telephone number 631 725-0425 Fax telephone number (include area code)	
Signature Mary D. Belesis		Date 6-28-00	
Note: Do not write below this line. For official use only.			
Please leave blank		Geo. Ind. Class Size Reason for applying	

Attachment

39502

P0000042897

Form 2553
(Rev. July 1999)

Election by a Small Business Corporation

(Under section 1362 of the Internal Revenue Code)

OMB No. 1545-0148

Department of the Treasury
Internal Revenue Service

▶ See parts II and III on page 2 and the separate instructions.
▶ The corporation may either send or fax this form to the IRS. See the instructions.

- Notes: 1. This election to be an S corporation can be accepted only if all the tests are met under Who may elect instructions; all signatures in Parts I and III are originals (no photocopies); and the exact name and address of the corporation and other required form information are provided.
2. Do not file Form 1120S, U.S. Income Tax Return for an S Corporation, for any tax year before the year the election takes effect.
3. If the corporation was in existence before the effective date of this election, see the Taxes an S corporation may owe instructions.

Part I Election Information	
Please Type or Print	Name of corporation (see instructions) Gulfview Landing Inc.
	Number, street, and room or suite no. (If a P.O. box, see instructions.) 845 Gulfview Blvd. #202
	City or town, state, and ZIP code Clearwater Beach, FL 33767
	A Employer identification number Applied For B Date incorporated 4/27/00 C State of incorporation Florida

D Election is to be effective for tax year beginning (month, day, year) ▶

E Name and title of officer or legal representative who the IRS may call for more information

F Telephone number of officer or legal representative

Patrick T. Maguire, Esq.

1253 Park Street, Clearwater, FL 33756

727-442-3838

G If the corporation changed its name or address after applying for the EIN shown in A above, check this box ▶ ☐

H If this election takes effect for the first tax year the corporation exists, enter month, day, and year of the earliest of the following: (1) date the corporation first had shareholders, (2) date the corporation first had assets, or (3) date the corporation began doing business ▶ **4/27/00**

I Selected tax year: Annual return will be filed for tax year ending (month & day) ▶ **12/31/00**

If the tax year ends on any date other than December 31, except for an automatic 52-53-week tax year ending with reference to the month of December, you must complete Part II on page 2. If the date you enter is the ending date of an automatic 52-53-week tax year, write "52-53-week year" to the right of the date. See Temporary Regulations section 1.441-21(e)(3).

J Name and address of each shareholder; shareholder's spouse having a community property interest in the corporation's stock; and each tenant in common, joint tenant, and tenant by the entirety. (A husband and wife (and their estates) are counted as one shareholder in determining the number of shareholders without regard to the manner in which the stock is owned.)	K Shareholders' Consent Statement. Under penalties of perjury, we declare that we consent to the election of the above-named corporation to be an S corporation under section 1362(a) and that we have examined this consent statement, including accompanying schedules and statements, and to the best of our knowledge and belief, it is true, correct, and complete. We understand our consent is binding and may not be withdrawn after the corporation has made a valid election. (Shareholders sign and date below.)		L Stock owned		M Social security number or employer identification number (see instructions)	N Shareholder's tax year ends (month and day)
	Signature	Date	Number of shares	Date acquired		
Mary D. Belesis 845 Gulfview Blvd #202 Clearwater Beach, FL 33767	<i>Mary D. Belesis</i>	6/18/00	100	4/27/00	088-464853	12/31
Mihail Belesis 845 Gulfview Blvd #202 Clearwater Beach, FL 33767	<i>Mihail Belesis</i>	6/18/00	100	4/27/00	106-464923	12/31

Under penalties of perjury, I declare that I have examined this election, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer ▶

Title ▶

Date ▶



Attachment
39502

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 11, 2002

GULFVIEW LANDING INC.
69 CLIFF DRIVE
SAG HARBOR, NY 11963

Subject: GULFVIEW LANDING INC.

Reference Number:

P00000042897

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs

ANNUAL REPORTS SECTION

7/20/02
mailed

[Handwritten signature]
See attached
D
[Handwritten initials]