

2002 UNIFORM BUSINESS REPORT (UBR)

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

08-21-2002 90086 042 ***150.00

DOCUMENT # P00000044030

1. Entity Name

IGOLFCOACH.COM, INC.

Principal Place of Business

6701 FIRSTONE PL.
 BRADENTON FL 34202

Mailing Address

6701 FIRSTONE PL.
 BRADENTON FL 34202

976015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6701 FIRESTONE PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRADENTON FLORIDA

4. FEI Number

65-1025846

Applied For

Not Applicable

Zip

Country

Zip

Country

34202

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

REEVES, KEITH

6701 FIRSTONE PL.
 BRADENTON FL 34202

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 \$50.00
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 ☐ Delete
 NAME D
 STREET ADDRESS REEVES, KEITH
 CITY-ST-ZIP 6701 FIRSTONE PL.
 BRADENTON FL 34202

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS TOWNSEND, WILLIAM R
 CITY-ST-ZIP 23200 LAKE RD., APT. 53
 BAY VILLAGE OH 44140

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS REEVES, ROCHELLE
 CITY-ST-ZIP 6701 FIRESTONE PL.
 BRADENTON FL 34202

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Form **1120S**Department of the Treasury
Internal Revenue Service**U.S. Income Tax Return for an S Corporation**

▶ Do not file this form unless the corporation has timely filed

Form 2553 to elect to be an S corporation.

OMB No. 1545-0130

2001

For calendar year 2001, or tax year beginning

, and ending

A Effective date of election
as an S corporation

08/13/2000

Use
IRS
label.

Name

iGOLFcoach.COM

C Employer identification number

65-1025846

B Business code no.
(see pages 29-31)

713900

Other-
wise,
print
or type.

Number, street, and room or suite no. (If a P.O. box, see page 11 of the instructions.)

6701 FIRESTONE PLACE

City or town, state, and ZIP code

BRADENTON, FL 34202

D Date incorporated

05/02/2000

E Total assets (see page 11)

\$ 1000.

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

3

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

Income	1 a	Gross receipts or sales	b	Less returns and allowances	c	Balance	1c	
	2	Cost of goods sold (Schedule A, line 8)					2	
	3	Gross profit. Subtract line 2 from line 1c					3	
	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					6	
Deductions (See instructions for limitations)	7	Compensation of officers					7	
	8	Salaries and wages (less employment credits)					8	
	9	Repairs and maintenance					9	
	10	Bad debts					10	
	11	Rents					11	
	12	Taxes and licenses					12	
	13	Interest					13	
	14 a	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		
	17	Pension, profit-sharing, etc., plans				17		
	18	Employee benefit programs				18		
	19	Other deductions (attach schedule)				19		
20	Total deductions. Add the amounts shown in the far right column for lines 7 through 19				20			
21	Ordinary income (loss) from trade or business activities. Subtract line 20 from line 6				21		0.	
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				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 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

Signature of officer

Date

PRESIDENT

Title

May the IRS discuss
this return with the
preparer shown
below (see instr.?)☐ Yes ☒ NoPaid
Preparer's
Use OnlyPreparer's
signatureFirm's name (or
yours if self-
employed),
address, and
ZIP code

Date

Check if
self-
employed ☐Preparer's
SSN or PTIN

EIN

Phone no.

JWA
111701
12-19-01 For Paperwork Reduction Act Notice, see the separate instructions.

1

Form 1120S (2001)

13030819 798099 651025846

2001.05020 iGOLFcoach.COM

65102581

Attachment # ~~PO000000~~ 44030

974015

Form **7004**(Rev. October 2000)
Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time
To File Corporation Income Tax Return**

OMB No. 1545-0233

Name of corporation

IGOLFCOACH.COM

Employer identification number

65-1025846

Number, street, and room or suite no. (If a P.O. box or outside the United States, see instructions.)

6701 FIRESTONE PLACE

City or town, state, and ZIP code

BRADENTON, FL 34202

Check type of return to be filed:

☐ Form 990-C☐ Form 1120-FSC☐ Form 1120-PC☒ Form 1120S☐ Form 1120☐ Form 1120-H☐ Form 1120-POL☐ Form 1120-SF☐ Form 1120-A☐ Form 1120-L☐ Form 1120-REIT☐ Form 1120-F☐ Form 1120-ND☐ Form 1120-RIC• Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the
United States ☐**1 Request for Automatic Extension (see instructions)****a Extension date.** I request an automatic 6-month (or, for certain corporations, 3-month) extension of timeuntil **SEPTEMBER 16, 2002**, to file the income tax return of the corporation named above for ☒ calendar
year **2001** or ☐ tax year beginning _____, and ending _____**b Short tax year.** If this tax year is for less than 12 months, check reason:☐ Initial return☐ Final return☐ Change in accounting period☐ Consolidated return to be filed**2 Affiliated group members (see instructions).** If this application also covers subsidiaries to be included in a consolidated return, provide the following information:

Name and address of each member of the affiliated group	Employer identification number	Tax period

3 Tentative tax**4 Payments and refundable credits:****a** Overpayment credited from prior year

4a

b Estimated tax payments for the tax year

4b

c Less refund for the tax year

4c

applied for on Form 4466

e Credit for tax paid on undistributed capital gains (Form 2439)

Bal

4d

f Credit for Federal tax on fuels (Form 4136)

4e

4f

5 Total. Add lines 4d through 4f**6** Balance due. Subtract line 5 from line 3. Deposit this amount using the Electronic Federal

Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon

Signature. Under penalty of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

(Signature of officer or agent)

PRESIDENT

(Title)

(Date)

JWA For Paperwork Reduction Act Notice, see instructions.

Form 7004 (Rev. 10-2000)

Attachment

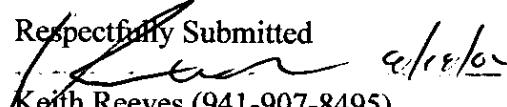
#P000000044030

976015

To Division of Corporations, State of Florida,

Attached please find the 2002 form UBR for the named corporation. I am forwarding this return within 1 week of receiving the preprinted forms. I never received the forms that would have allowed me to file on time and therefore request you accept the \$150 filing fee for 2002. this is an S-Corp with no taxable income(see attached federal return) and I am now completing all filings and ask that no late penalties be assessed due to my good record of filing and the lack of receiving the preprinted forms as in previous years. Please do not cash the attached payment if this is not acceptable in as much as I will then have to consider letting the Florida charter lapse due to costs. Thank you in advance for your cooperation.

Respectfully Submitted


Keith Reeves (941-907-8495)