2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-28-2003 90470 038 ***158.75

55040764

DOCUMENT # P00000091825

1. Entity Name
ELMAR EXCLUSIVE SUITE INC.

Principal Place of Business	Mailing Address
12059 MARGARITA AVE. WARM MINERAL SPRINGS FL 34287	12059 MARGARITA AVE. WARM MINERAL SPRINGS FL 34287

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
PASEK, MICHAEL D 4851 85TH AVENUE PINELLAS PARK FL 33781	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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSZCZYNSKI, MAREK 336 ORTIZ BOULEVARD NORTH PORT FL 34287	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIS, ELZBIETA 12059 MARGARITA AVE. WARM MINERAL SPRINGS FL 34287	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOSZCZYNSKI MAREK 04/23/03 941 628 6364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

550407764
#P00000918

Department of the Treasury Internal Revenue Service

Form 1120S U.S. Income Tax Return for an S Corporation 2002

OMB No. 1545-0130 — IRS use only — Do not write or staple in this space.

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

TAXPAYER COPY

For calendar year 2002, or tax year beginning , 2002, and ending

A Effective date of election as an S corporation: 09/25/00	Use IRS label. Otherwise, print or type.	Name: ELMAR EXCLUSIVE SUITE INC.	C Employer identification number: 59-3625751
B Business code no. (see instructions): 531310		Number, street, and room or suite no. (If a P.O. box, see instructions): 12059 MARGARITA AVE.	D Date incorporated: 09/25/00
		City or town: WARM MINERAL SPRINGS State: FL ZIP code: 34287	E Total assets (see instructions): $ 1,467.

Internal Revenue Service
Field Assistance

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 ► 1

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

Income	1a Gross receipts or sales: 38,659.	b Less returns and allowances:	c Bal ►	1c	38,659.
	2 Cost of goods sold (Schedule A, line 8)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	38,659.
	4 Net gain (loss) from Form 4797, Part II, line 18 *(attach Form 4797)*			4	0.
	5 Other income (loss) *(attach schedule)*			5	
	6 **Total income (loss).** Combine lines 3 through 5		►	6	38,659.
Deductions (See instructions)	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	150.
	13 Interest			13	
	14a Depreciation *(if required, attach Form 4562)*	14a: 251.			
	b Depreciation claimed on Schedule A and elsewhere on return	14b:			
	c Subtract line 14b from line 14a			14c	251.
	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)* See Other Deductions			19	6,174.
	20 **Total deductions.** Add the amounts shown in the far right column for lines 7 through 19		►	20	6,575.
	21 Ordinary income (loss) from trade or business activities. Subtract line 20 from line 6			21	32,084.
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 instructions for additional taxes)			22c	
	23 Payments: a 2002 estimated tax payments and amount applied from 2001 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 2003 estimated tax** ►	**Refunded** ►		27	

received

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 — Date: JAN 13 03 — ► PRESIDENT Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature ► Michael Pasek	Date: 1/13/03	Check if self-employed ☐	Preparer's SSN or PTIN: P00214998
Firm's name (or yours if self-employed), address, and ZIP code ► TAX CENTERS, INC. 4851 85TH AVENUE PINELLAS PARK FL 33781			EIN: 59-3288757 Phone no. (727) 544-2796

BAA For Paperwork Reduction Act Notice, see separate instructions. SPSA0112 12/09/02 Form 1120S (2002)