# P03000/52533

MARK T.	KULICK	
5637 St. Pet	· 16 <sup>th</sup> Street N ersburg, Flor	orth ida 33703
	<u> </u>	
(City/	State/Zip/Phone	<b>&gt;</b> #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
	· · · · · · · · · · · · · · · · · · ·	
(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



200024719672

11/17/03--01040--008 \*\*79.00





### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 1, 2003

MARK T. KULICK 5637 16TH ST N ST PETSESBURG, FL 33703

SUBJECT: MARK T. KULICK, INC Ref. Number: W03000035651

We have received your document for MARK T. KULICK, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Articles one through nine are missing.,

If you have any further questions concerning your document, please call (850) 245-6925.

Letter Number: 903A00064277

Cynthia Blalock Document Specialist New Filings Section FLORIDA DEPARTMENT OF STATE ATT: CYNTHIA BLALOCK DOCUMENT SPECIALIST NEW FILING SECTION

RE # W03000035651 LETTER # 903A00064277

THIS IS ALL INFORMATION I THINK YOU WILL NEED ,SORRY I WAS MISSING SOME PAPERS MY LAST REQUEST. I CAN BE REACHED ON MY CELL PHONE @ 727 686-8743

THANK YOU, MARK T. KULICK OBJECTIVED

OBJECTS PH 3-22

JUST A LINE HI OF SEATING

OWISSON OF CORT (SALE)

FILED

03 DEC 16 PM 1: 40

SECRITARISEE, FLORIDA

## ARTICLES OF INCORPORATION

<u>OF</u>

### MARK T. KULICK, INC.

The undersigned, for the purpose of forming a corporation under the laws of the State of Florida, hereby adopt the following Articles of Incorporation:

### **ARTICLE 1**

### NAME

The name of the Corporation is MARK T. KULICK, INC.

### **ARTICLE II**

### **DURATION**

The term of existence of the Corporation is perpetual.

### **ARTICLE III**

### **PURPOSE**

The purpose of the Corporation is to transact any lawful business for which corporations may be incorporated under the Florida General Corporation Act.

### ARTICLE IV

### CAPITAL STOCK

The aggregate number of shares that the corporation is authorized to issue is One Thousand (1,000) shares, all of which shall be common shares having a par value of One Dollar (\$1.00) per share.

### **ARTICLE V**

### PREEMPTIVE RIGHTS

Each shareholder of the corporation shall have the right to purchase, subscribe, or receive a right or rights to purchase or subscribe for, at fair market value thereof, a prorata share (as nearly as can be done without issuance of fractional shares) of:

- 1. Any stock that the corporation may issue or sell, whether or not of unissued shares authorized by the authorized by the Articles of Incorporation as originally filed or by amendment thereof, and whether issued for cash, labor performed, personal property, or real property, or leases thereof; or
  - 2. Any obligation that the corporation may issue or sell which is convertible into or exchangeable for any stock of the corporation, or which is attached or pertinent to any warrant or other instrument or instruments conferring on the holder the right to subscribe for or purchase from the corporation any shares of its stock.

### **ARTICLE VI**

### TRANSFER RESTRICTIONS

Before there can be a valid sale or transfer of any of the shares of the corporation by any holder thereof, such holder shall first offer said shares to the corporation and then to the other holders of shares in the following manner:

- 1. Such offering shareholder shall deliver a notice in writing by mail or otherwise to the secretary of the corporation stating the price, terms, and conditions of such proposed sale or transfer, the number of shares to be sold or transferred, and his intention to sell or transfer such shares. Within twenty (20) days thereafter, the corporation shall have the prior right to purchase such shares so offered at the price and on the terms and conditions stated in the notice; provided, however, that the corporation shall not at any time be permitted to purchase all of its outstanding voting shares. Should the corporation fail to purchase all of the shares so offered at the expiration of the twenty day period, or prior thereto decline to purchase the shares, the Secretary of the corporation shall, within five (5) days thereafter, mail or deliver to each of the other shareholders or record a copy of the notice given by the shareholder to the secretary. Such notice may be mailed to them at their last known address as such address may appear on the books of the corporation. Within ten (10) days after the mailing or delivering of the copies of the orders to the shareholders, any such shareholder or shareholders desiring to acquire any part or all of the shares referred to in the notice shall deliver by mail, or otherwise, to the Secretary of the corporation a written offer or offers, expressed to be acceptable immediately, to purchase a specified number of such shares at the price and on the terms and conditions stated in the notice. Each such offer shall be accompanied by the purchase price therefore with authorization to pay such price against delivery of the shares.
- 2. If the total number of shares specified in the offers to purchase exceeds the number of shares to be sold or transferred, each offering shareholder shall be entitled to purchase such corporation of such shares as the number of shares of the corporation which he holds bears to the total number of shares held by all shareholders desiring to purchase the shares.
- 3. If all the shares to be sold or transferred are not disposed of under such apportionment, each shareholder desiring to purchase shares in a number in excess of his proportionate share as provided above, shall be entitled to purchase such shares which he holds bears to the total number of shares held by all the shareholders desiring to purchase in excess of those to which they are entitled under such apportionment.

- 4. If within said twenty (20) day period, the offer or offers to purchase aggregate less than the number of shares to be sold or transferred, the shareholder desiring to sell or transfer such shares shall not be obligated to accept any such offer or offers and may dispose of all of the shares referred to in his notice to any persona or persons whomsoever; provided, however, that he shall not sell or transfer such shares at a lower price or on terms more favorable to the purchaser or transferee than those specified in his notice to the secretary of the corporation.
- 5. Nothing contained in this Article shall restrict the shareholder from transferring shares to immediate family members (spouses, parents, and children only), or to any corporation in which the shareholder or shareholders immediate family members own and maintain a majority of interest.

Each share certificate issued shall bear the following legend:

"These shares are held subject to certain transfer restrictions imposed by the Articles of Incorporation, which copy of said Articles may be obtained from the corporation's office."

### **ARTICLE VII**

### PRINCIPLE OFFICE AND REGISTERED AGENT

The street address of the initial principal office of the corporation is 5637 – 16<sup>th</sup>

Street North, St. Petersburg, Florida 33703. The name of the initial Registered Agent of the corporation at that address is MARK T. KULICK.

### ARTICLE VIII

### DIRECTORS

The business of the Corporation shall be managed by the shareholders of the Corporation rather than by a Board of Directors; provided, however, the shareholders may, by majority vote based on the shares outstanding, create a Board of Directors, with a Board of not less than one (1) and no more than three (3) members.

### ARTICLE IX

### **INCORPORATORS**

The names and addresses of the incorporators are:

NAME

**ADDRESS** 

MARK T. KULICK

5637 – 16<sup>th</sup> Street North St. Petersburg, Florida 33703

### ARTICLE X

### **AMENDMENT**

**COUNTY OF PINELLAS** 

STATE OF FLORIDA

BEFORE ME, the undersigned authority, personally appeared MARK T. KULICK, at the time of notarization, who did take an oath and who is personally known to me, or who produced for the foregoing for the purposes therein contained.

Notary Public/State of Florida My commission Expires:

MARIEA. GORDON

Notary Public - State of Florida

My Commission Expires Sep 28, 2004

Commission # CC971152

FILED

### STATE OF FLORIDA

03 DEC 16 PM 1:40

### DEPARTMENT OF STATE

SECILLARY OF STATE

CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED AN NAMES AND ADDRESSES OF THE CORPORATION.

### The following is submitted in compliance with Chapter 48.091, Florida Statutes

MARK T. KULICK, INC., a Corporation, organized under the laws of the State of Florida, with its principal office at 5637 - 16th Street North, St. Petersburg, Florida 33703 and its mailing address being the same, has named MARK T. KULICK, located at 5637 -16th Street North, St. Petersburg, Florida 33703 as its agent to accept service of process within the State.

### OFFICERS:

NAME

**ADDRESS** 

**OFFICE** 

MARK T. KULICK

5637 - 16th Street North St. Petersburg, Florida 33703

President/Treasurer Vice-President

### ACCEPTANCE:

Lagree, as Resident Agent, to accept service of process, to keep the office open during prescribed hours, to post my name in some conspicuous place in the office, as required by law.

(Rev. December 2001)

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

IN .	
. 144	

1 Legis name of entity (or individual) for whom the EIN is being requested  2 Trade name of business (if different from name on line 1)  3 Executor, trustee, "care of" name  4 Meding address (norm, apt., suite no. and street, or P.O. box)  5637 — 16th Street North  4b City, state, and 2/P code  51. Perfershurg, FI, 33703  6 County and states where principal business is located  Pirellas Country, Florida  7a Name of principal force, general partner, granter, owner, or trustor  7b SSN, fill, or EIN  Nark T, Rullick  7b Type of entity (chock only one box)  Partnership  Part	internal Revenue	Service See separate instructions for each lin	ne. 🕒 Keep a copy for your reco	rds.		
4 Mediting address (room, spt., suite no. and street, or P.O. box) Sa. Street address (if different) (Do not enter a P.O. box)  5637 — 16th Street North  4 b City, state, and ZIP code  5 ct. Perfershirg. Ft. 33703  6 County and state where principal business is located  Pinellas Country, Flortida  7 Name of principal efficer, general partner, grantor, owner, or trustor  Mark T. Kullick  8 Type of entity (check only one box)  □ Patraship  □ Patraship  □ Corporation lenter from number to be filed)  □ Personal service corp.  □ Patraship  □ Corporation enter from number to be filed)  □ Personal service dorp.  □ Corporation enter from number to be filed)  □ Personal service dorp.  □ Corporation enter from number to be filed)  □ Personal service dorp.  □ Check or church-controlled cryanization  □ Personal service dorp.  □ Check or church-controlled cryanization  □ Check on composition again zervice organization  □ Check on box with the set describes the principal patraship principal patraship zervice organization (specify previous personal patraship zervice)  □ Check on box with the set describes the principal vive or country  □ Determinent principal interesting the personal critical patraship zervice organization and patraship zervice organization and patraship zervice against the patraship zervice organization and patraship zervice zervice y country organization and patraship zervice zervice y certification number or checked zervice y country application and zervice y country organization and zervice provided.  16a Has the applicant ever applied for an amployer identification number for this or any other business?			equested			
45 City, state, and ZIP code  55 City, state, and ZIP code  56 Courty and state where principal business is located  Princel las Country, Flortida  Ta Name of principal officer, general partner, granter, owner, or trustor  70 SSN, (TiN), or EIN  Mark T. Kull cick  266-59-0132  See Type of entity (check only one box)    Partnership   Partnershi	2 Trade name of business (If different from name on line 1) 3 Executor, trustee, "care of" name					
45 City, state, and ZIP code  55 City, state, and ZIP code  56 Courty and state where principal business is located  Princel las Country, Flortida  Ta Name of principal officer, general partner, granter, owner, or trustor  70 SSN, (TiN), or EIN  Mark T. Kull cick  266-59-0132  See Type of entity (check only one box)    Partnership   Partnershi						
St. Perfershance FT. 33703 6 Courty and state where principal backers is located Pinellas Courity, Florida 7a Name of principal offices, general partner, grantor, owner, or trustor Near T. Kullick Near T. Kullick 266-59-0132 8a Type of entity (check only one box) Sole proprietor (SSN) Partnership Corporation (enter from number to be fleet) Personal service corp. Personal service corp. Corporation (enter from number to be fleet) Personal service corp. Church or church-controlled organization Other nonprofit organization (specify) Church or church-controlled organization Other nonprofit organization (specify) Church or church-controlled organization Other nonprofit organization (specify) Church or church-controlled organization Other Inspecify (specify)  These forms are not filed in this office: a trust (specify type)    Other Inspecify (specify)						
Pinellas Country Floring  Pinellas Country Floring  Park T. Kulick  Park T. Ku		, state, and ZiP code	5b City, state, and ZIP code			
Principles Country Flortida  Ta Name of principal officer, general partner, grantor, owner, or trustor  Mark T. Kullick  266-59-0132  ### 1996 of entity (chrock only one box    Set proprietor (SSN)		Petersburg, FL 33703				
Ta Name of principal officer, general partner, grantor, owner, or trustor    Mark T, Kulick	Dir					
Mark T, Kulick   266-59-0132   Estate (SSN of decodernt)   State proprietor (SSN)   Pernerability   Pernerability   Pernerability   Pernerability   Pernerability   Pernerability   Pernerability   Pernerability   Personal service corp.   Personal service properties (SSN)   Personal service corp.   Personal service corp.   Personal service corp.   Personal service properties (SSN)   Personal service properties (SSN)   Personal service properties (SSN)   Personal service properties (Personal Service SSN)   Personal service properties (Personal Service SSN)   Personal service properties (Personal Service SSN)   Personal Service SSN   Personal Service Serv	7a Nan		TO SSN, ITIN, OF EIN			
Sole proprietor (SSN)	1					
Pertnership			☐ Estate (SSN of deceden	t)		
Corporation (enter form number to be filed)				·		
Personal service corp.   Farmers' cooperative   Federal government/military				Conta On and American		
Church or church-controlled organization   Group Exemption Number (GEN)						
Group Exemption Number (GEN) Cher. [specify] C		•				
These forms are not filed in this office: a trust (specify purpose) >	☐ Oth	er nonprofit organization (specify)		-		
These forms are not filed in this office a trust (specify purpose) ▶    going business		er_(specify)				
These forms are not filed in this office a trust (specify new type)    John business  To Date business started or acquired (month, day, year)    10 Date business started or acquired (month, day, year)    11 Closing month of accounting year 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 with the paid to nonresident alien, (month, day, year)    13 Highest number of employees expected in the next 12 months. Note: If the applicant does not   Agricultural   Household   Other expect to have any employees during the period, enter "0"    14 Check one box that best describes the principal activity of your business.   Health care & social assistance   Wholesale-agent/broker   Construction   Retail & leasing   Transportation & warehousing   Accommodation & food service   Wholesale-agent/broker   Retail    Real estate   Manufacturing   Finance & insurance   Other (specify)    15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  16a Has the applicant ever applied for an employer identification number for this or any other business?   Yes   No Note: If "Yes," please complete lines 16b and 16c.  16b If you checked "Yes" on line 18a, give applicant's legal name and trade name shown on prior application if different from line ? or 2 above Legal name    Complate this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.  Third Designee's name  Complate this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.  Third Designee's name  Complate this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.  Designee's name    Complate this section only if you want to authorize the named individual t			Foreig	n country		
These forms are not filed in this office a trust (specify type)    Ditter (specify)   Date business started or acquired (month, day, year)   11 Closing month of accounting year December						
Other (specity)   persion plan (specity type)			type of organization (specify n	ew type) 🕨		
Date business started or acquired (month, day, year)  11 Closing month of accounting year December  12 First date wages or annutities were paid or will be pald (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year).  13 Highest number of employees expected in the next 12 months. Note: If the applicant does not applicant alien. (month day, year).  14 Check one box that best describes the principal activity of your business. ☐ Health care & social assistance ☐ Wholesale-agent/broker ☐ Restal & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale-other ☐ Retal ☐ Restal & leasing ☐ Finance & Insurance ☐ Other (specify)  15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No. Note: If "Yes," please complete lines 16b and 16c.  16b If you checked "Yes" on line 18a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above Legal name ► ☐ Trade name ► ☐ Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.  16c 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 ☐ Designee's telephone number finctude area co ☐ ☐ Designee's name ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	These :	forms are not filed in this ass	3 going business			
Date business started or acquired (month, day, year)  Date business started or acquired (month, day, year)  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 with the paid to nonresident alien. (month, day, year).  13 Highest number of employees expected in the next 12 months. Note: If the applicant does not in the paid of the expect to have any employees during the period, enter "-0-".  14 Check one box that best describes the principal activity of your business. Health care & social assistance with the state of the entry of the expect to have any employees the principal activity of your business. Health care & social assistance with the expective of the entry of of the ent		In this oir.				
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 be paid to nonresident alien. (month, day, year).  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 "-o.".  14 Check one box that best describes the principal activity of your business. Health care & social assistance who have that best describes the principal activity of your business. Accommodation & rood service wholesale-agent/broker construction real exists. Real estate manufacturing ransportation & warehousing Accommodation & rood service wholesale-agent/broker retails a leasing ransportation & warehousing rood service. Wholesale-other ransportation indicate principal line of merchandise sold; specific construction work done; products products produced; or services provided.  16a Has the applicant ever applied for an employer identification number for this or any other business?	Oth	er (specity)	partition plan (special sypto)			
Highest number of employees expected in the next 12 months. Note: If the applicant does not   Agricultural   Household   Other expect to have any employees during the period, enter "-0-".   O   O   O   O   O   O   O   O   O	10 Date b	usiness started or acquired (month, day, year)		accounting year		
expect to have any employees during the period, enter "-0"  14 Check one box that best describes the principal activity of your business.  Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale-agent/broker Retal Real estate Manufacturing Finance & insurance Other (specify)  15 Indicate principal line of merchandise sold; specific construction work done; products products produced; or services provided.  16a Has the applicant ever applied for an employer identification number for this or any other business?				lding agent, enter date income will		
Construction   Rental & leasing   Transportation & warehousing   Accommodation & food service   Wholesale_other   Retal Real estate   Manufacturing   Finance & Insurance   Other (specify)    15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  16a Has the applicant ever applied for an employer identification number for this or any other business?   Yes   No Note: If "Yes," please complete lines 18b and 18c.  16b If you checked "Yes" on line 18a, give applicant's legal name and trade name shown on prior application if different from line ? or 2 above Legal name ▶ Trade name ↑ Trade name ▶ Trade name ↑ Trade name ▶ Trade name ↑ Trade name ↑ Trade name ▶ Trade name ↑ Trade nam	13 Highes expect	t number of employees expected in the next 12 months. No to have any employees during the period, enter "-0"	te: If the applicant does not Agrica	(		
Real estate   Manufacturing   Finance & Insurance   Other (specify)   15						
Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.  16a Has the applicant ever applied for an employer identification number for this or any other business?			·	☐ Wholesale-other ☐ Retail		
Has the applicant ever applied for an employer identification number for this or any other business?				ians providad		
Note: If "Yes," please complete lines 16b and 16c.  16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line ? or 2 above 1 legal name.  Trade name   16c 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  Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.  Designee's name  Designee's name  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.  Applicant's telephone number finctude area continued to the complete include area continued to the fine that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.  Name and title thype or print clearly! Mark T. Kulick President  Applicant's fex number (include area continued to the fine that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete.  Applicant's fex number (include area continued to the fine that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete.  Applicant's fex number (include area continued to the fine that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete.  Applicant's fex number (include area continued this application) and the fine that I have examined this application and the fine that I have examined this application and the fine that I have examined this application and the fine that I have examined this application and the fine that I have examined this application and the fine that I have examined this application and the fine that I have examined this application and the	15 Indicati	a principal line of merchanoise solu; specific construction v	rork done; products produced; or serv			
Legal name  Trade name  Trade name  Trade name   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  Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.  Designee's name  Designee's name  Designee's fax number finctude area or Designee's fax number fin			er for this or any other business?	· · · · Yes ½ No		
Approximate date when filed (mo., day, year)  City and state where filed  Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.  Designee's name  Designee's telephone number finctude area or Designee's fax number finctude area				o if different from line 1 or 2 above		
Third Party Designee's name    Designee's name						
Third Party Designee's name    Designee's name   Designee's name		Complete this section only if you want to authorize the named individus	to receive the entity's EIN and answer questlor	s about the completion of this form.		
Party Designee Address and ZIP code  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.  Applicant's telephone number finctude area continued this application, and to the best of my knowledge and belief, it is true, correct, and complete.  Applicant's telephone number finctude area continued the second of the correct and complete.  Name and title thype or print clearly: Mark T. Kulick, President  Applicant's fex number finctude area continued the correct and complete.	Third			Designee's telephone number (include area cox		
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.  Applicant's telephone number include area or 1727   521 - 1663    Applicant's fax number include area or 1990	_			( )		
Name and title trype or print clearly! Mark T. Kulick, President (727) 521-1663  Applicant's fex number (include area or Appli	Designee	Address and ZIP code		Designee's fax number (include area cod		
Name and title trype or print clearly! Mark T. Kulick, President (727) 521-1663  Applicant's fex number (include area or Appli	Markey expelience		wholes and holist is type access and househad			
Name and title trype or print clearly! Mark T. Kulick, President (727) 521-1663  Applicant's fax number (Include area co	under penalties of	pergury, I decrare that I have examined this application, and to the best of my sind	мисьце жи менец и пъличе, выгова, ако сотпреде.	Applicant's telephone number åndude area cot		
Applicant's fax number finciale area co	Name and title	type or print clearly) Mark T. Kulick . Pres	ident	l '' '		
			, ,	Applicant's fex number (include area cod		
Signature ►V Mach T. Valle Date ► /1/13/03 (( )			, ,			

(Rev. December 2002)

Election by a Small Business Corporation (Under section 1362 of the Internal Revenue Code)

See Parts II and III on back and the separate instructions.

OMB No. 1545-0146

Department of the Treasury Informat Revenue Service

➤ The corporation may either send or fax this form to the IRS. See page 2 of the instructions.

Notes: 1. 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.

F)		this election to be air 5 corporation can be accepted only 11 at the tests are met under <b>who his</b> shareholders have signed the consent statement; and the exact name and address of the corporation provided.	on en	act on page 1 of the instructions; all nd other required form information are		
	3.	If the corporation was in existence before the effective date of this election, see Taxes an S Corporati	on M	lay Owe on page 1 of the instructions.		
Part		Election Information				
St.	Name of corporation (see Instructions)	A	Employer identification number Applied For			
	Please Type	Number, street, and room or suite no. (If a P.O. box, see instructions.)	B	Date incorporated		
or Pri		5637 - 16th Street North				
<b>J.</b> 1 .,		City or town, state, and ZIP code	C State of incorporation			
		St. Petersburg, FL 33703	Florida			
D Ch	eck t	the applicable box(es) if the corporation, after applying for the EIN shown in A above, changed	its	name 🔲 or address 🔲		
E Ele	ction	Is to be effective for tax year beginning (month, day, year)		. • / /		
F Name and title of officer or legal representative who the IRS may call for more information				G Telephone number of officer or legal representative		
	Mark T. Kulick, President					
- 8 2	-1			•		

These forms are not filed in this office. Please send them to the IRS.

and each tenant in common, joint	nd and wife (and their estates) are counted as one shareholder in complete. We understand our consent is beging and mining the number of shareholders in the gard to the manner in which the valid election. [Shareholders sign and date below.]				M Social security	holder's
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.)			Number of shares	Dates acquired	number or employer identification number (see instructions)	tax year ends (month and day)
	Signature	Oate				
Mark T. Kulick 5637 - 16th St. N. St. Petersburg, FL 337	03 🗸		1000		266–59–0132	12/31
						1
						1
				•		
					<del></del>	
				į		}
	<u> </u>	<del></del>			<u> </u>	<del> </del>
					i i	
					·	<u></u>
						}
					· 	
Under penalties of perjury, I declare that I have it is true, correct, and complete.	e examined this election, including accom	panying schedu	ies and stat	ements, and to t	the best of my knowledge a	ind belief,
Signature of officer > VMak	Walk Title > E	residen	t		Date > 11/13/00	5
For Paperwork Reduction Act Notice.	see nage 4 of the instructions.		Cat. No. 16	88250	Form 2553 (Rev	12-20020