

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000091362

1. Entity Name  
D.A.L. DEVELOPMENT, INC.

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90102 033 \*\*\*150.00

|   |   |
|---|---|
| Principal Place of Business<br>853 VANDERHILT DR<br>#269<br>NAPLES FL 34108<br>US | Mailing Address<br>853 VANDERBILT DR<br>#269<br>NAPLES FL 34108<br>US |
|---|---|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



DO NOT WRITE IN THIS SPACE

|               |            |                |
|---------------|------------|----------------|
| 4. FEI Number | 65-0627743 | Applied For    |
|               |            | Not Applicable |

|                                  |                          |                                |
|----------------------------------|--------------------------|--------------------------------|
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
|----------------------------------|--------------------------|--------------------------------|

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIK, DWAYNE A  
853 VANDERBILT DR #269  
NAPLES FL 34108

|  |
|--|
| 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, 2001 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          | PD                      | <input type="checkbox"/> Delete |
| NAME           | LEIK, DWAYNE A          |                                 |
| STREET ADDRESS | 853 VANDERBILT DR. #269 |                                 |
| CITY-ST-ZIP    | NAPLES FL               |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: Charles A. Helstrom  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 01  
Date

231 526 1157  
Daytime Phone #

CR2E034 (10/00)

**SCHEDULE K-1**  
**(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**Shareholder's Share of Income, Credits, Deductions, etc.**

► See separate instructions.

For calendar year 2000 or tax year  
, 2000, and ending , 20

OMB No. 1545-0130

**2000**

Shareholder's identifying number ► **376-16-5473**

Corporation's identifying number ► **65 0627743**

Shareholder's name, address, and ZIP code

**WARD WALSTROM**  
**7531 HOYT RD.**  
**HARBOR SPRINGS, MI 49470**

Corporation's name, address, and ZIP code

**D. A. L. DEVELOPMENT, INC.**  
**7531 HOYT RD.**  
**HARBOR SPRINGS, MI 49470**

A Shareholder's percentage of stock ownership for tax year (see instructions for Schedule K-1) . . . . . ► **100** %

B Internal Revenue Service Center where corporation filed its return ► **Ogden, UT 84201-0013**

C Tax-shelter registration number (see instructions for Schedule K-1) . . . . . ►

D Check applicable boxes: (1) ☐ Final K-1 (2) ☐ Amended K-1

| (a) Pro rata share items   |  | (b) Amount  | (c) Form 1040 filers enter the amount in column (b) on:   |
|--|--|---|---|
| Income (Loss)  | 1 Ordinary income (loss) from trade or business activities . . . . .   | <b>1</b> <b>16,677</b>  | See pages 4 and 5 of the Shareholder's Instructions for Schedule K-1 (Form 1120S).                      |
|  | 2 Net income (loss) from rental real estate activities . . . . .   | <b>2</b>  |   |
|  | 3 Net income (loss) from other rental activities . . . . .   | <b>3</b>  |   |
|  | 4 Portfolio income (loss):   |   | Sch. B, Part I, line 1<br>Sch. B, Part II, line 5<br>Sch. E, Part I, line 4<br>Sch. D, line 5, col. (f) |
|  | a Interest . . . . .   | <b>4a</b>   |   |
|  | b Ordinary dividends . . . . .   | <b>4b</b>   |   |
|  | c Royalties . . . . .  | <b>4c</b>   |   |
|  | d Net short-term capital gain (loss) . . . . .   | <b>4d</b>   |   |
|  | e Net long-term capital gain (loss):   |   |   |
|  | (1) 28% rate gain (loss) . . . . .   | <b>4e(1)</b>  | Sch. D, line 12, col. (g)   |
| (2) Total for year . . . . .   | <b>4e(2)</b>   | Sch. D, line 12, col. (f)                                     |   |
| f Other portfolio income (loss) (attach schedule) . . . . .          | <b>4f</b>  | (Enter on applicable line of your return.)                    |   |
| 5 Net section 1231 gain (loss) (other than due to casualty or theft) | <b>5</b>   | See Shareholder's Instructions for Schedule K-1 (Form 1120S). |   |
| 6 Other income (loss) (attach schedule) . . . . .                    | <b>6</b>   | (Enter on applicable line of your return.)                    |   |
| Deductions   | 7 Charitable contributions (attach schedule) . . . . .   | <b>7</b>  | Sch. A, line 15 or 16   |
|  | 8 Section 179 expense deduction . . . . .  | <b>8</b>  | See page 6 of the Shareholder's Instructions for Schedule K-1 (Form 1120S).                             |
|  | 9 Deductions related to portfolio income (loss) (attach schedule) . . . . .                                  | <b>9</b>  |   |
|  | 10 Other deductions (attach schedule) . . . . .  | <b>10</b>   |   |
| Investment Interest  | 11a Interest expense on investment debts . . . . .   | <b>11a</b>  | Form 4952, line 1   |
|  | b (1) Investment income included on lines 4a, 4b, 4c, and 4f above   | <b>11b(1)</b>   | See Shareholder's Instructions for Schedule K-1 (Form 1120S).   |
|  | (2) Investment expenses included on line 9 above . . . . .   | <b>11b(2)</b>   |   |
| Credits  | 12a Credit for alcohol used as fuel . . . . .  | <b>12a</b>  | Form 6478, line 10  |
|  | b Low-income housing credit:   |   | Form 8586, line 5   |
|  | (1) From section 42(j)(5) partnerships for property placed in service before 1990 . . . . .                  | <b>12b(1)</b>   |   |
|  | (2) Other than on line 12b(1) for property placed in service before 1990 . . . . .                           | <b>12b(2)</b>   |   |
|  | (3) From section 42(j)(5) partnerships for property placed in service after 1989 . . . . .                   | <b>12b(3)</b>   |   |
|  | (4) Other than on line 12b(3) for property placed in service after 1989 . . . . .                            | <b>12b(4)</b>   |   |
|  | c Qualified rehabilitation expenditures related to rental real estate activities . . . . .                   | <b>12c</b>  | See page 7 of the Shareholder's Instructions for Schedule K-1 (Form 1120S).                             |
|  | d Credits (other than credits shown on lines 12b and 12c) related to rental real estate activities . . . . . | <b>12d</b>  |   |
|  | e Credits related to other rental activities . . . . .   | <b>12e</b>  |   |
|  | 13 Other credits . . . . .   | <b>13</b>   |   |

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|  | (a) Pro rata share items   | (b) Amount        | (c) Form 1040 filers enter the amount in column (b) on:   |
|--|--|-------------------|---|
| Adjustments and Tax Preference Items   | <b>14a</b> Depreciation adjustment on property placed in service after 1986  | <b>14a</b>        | See page 7 of the Shareholder's Instructions for Schedule K-1 (Form 1120S) and Instructions for Form 6251 |
|  | <b>b</b> Adjusted gain or loss   | <b>14b</b>        |   |
|  | <b>c</b> Depletion (other than oil and gas)  | <b>14c</b>        |   |
|  | <b>d (1)</b> Gross income from oil, gas, or geothermal properties  | <b>14d(1)</b>     |   |
|  | <b>(2)</b> Deductions allocable to oil, gas, or geothermal properties  | <b>14d(2)</b>     |   |
|  | <b>e</b> Other adjustments and tax preference items (attach schedule)  | <b>14e</b>        |   |
| Foreign Taxes  | <b>15a</b> Name of foreign country or U.S. possession ▶  | <b>15b</b>        | Form 1116, Part I   |
|  | <b>b</b> Gross income sourced at shareholder level   |                   |   |
|  | <b>c</b> Foreign gross income sourced at corporate level:  |                   |   |
|  | <b>(1)</b> Passive   | <b>15c(1)</b>     |   |
|  | <b>(2)</b> Listed categories (attach schedule)   | <b>15c(2)</b>     |   |
|  | <b>(3)</b> General limitation  | <b>15c(3)</b>     |   |
|  | <b>d</b> Deductions allocated and apportioned at shareholder level:  |                   |   |
|  | <b>(1)</b> Interest expense  | <b>15d(1)</b>     |   |
|  | <b>(2)</b> Other   | <b>15d(2)</b>     |   |
|  | <b>e</b> Deductions allocated and apportioned at corporate level to foreign source income:   |                   |   |
|  | <b>(1)</b> Passive   | <b>15e(1)</b>     |   |
|  | <b>(2)</b> Listed categories (attach schedule)   | <b>15e(2)</b>     |   |
| <b>(3)</b> General limitation  | <b>15e(3)</b>  |                   |   |
|  | <b>f</b> Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued   | <b>15f</b>        | Form 1116, Part II<br>See Instructions for Form 1116  |
| <b>g</b> Reduction in taxes available for credit and gross income from all sources (attach schedule) | <b>15g</b>   |                   |   |
| Other  | <b>16</b> Section 59(e)(2) expenditures: <b>a</b> Type ▶   |                   | See Shareholder's Instructions for Schedule K-1 (Form 1120S).   |
|  | <b>b</b> Amount  | <b>16b</b>        |   |
|  | <b>17</b> Tax-exempt interest income   | <b>17</b>         | Form 1040, line 8b  |
|  | <b>18</b> Other tax-exempt income  | <b>18</b>         |   |
|  | <b>19</b> Nondeductible expenses   | <b>19</b> 290     | See pages 7 and 8 of the Shareholder's Instructions for Schedule K-1 (Form 1120S).                        |
|  | <b>20</b> Property distributions (including cash) other than dividend distributions reported to you on Form 1099-DIV                             | <b>20</b> 15,979  |   |
|  | <b>21</b> Amount of loan repayments for "Loans From Shareholders"  | <b>21</b>         |   |
|  | <b>22</b> Recapture of low-income housing credit:  |                   |   |
| <b>a</b> From section 42(j)(5) partnerships  | <b>22a</b>   | Form 8611, line 8 |   |
| <b>b</b> Other than on line 22a  | <b>22b</b>   |                   |   |
| Supplemental Information   | <b>23</b> Supplemental information required to be reported separately to each shareholder (attach additional schedules if more space is needed): |                   |   |
|  |  |                   |   |
|  |  |                   |   |
|  |  |                   |   |
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