

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90031 009 \*\*\*500.00

USBC 11U A1

**DOCUMENT # S90679**

1. Entity Name

**S P Z INCORPORATED**

Principal Place of Business

**4053 11TH STREET  
 SEBASTIAN FL 32976**

Mailing Address

**4053 11TH STREET  
 SEBASTIAN FL 32976**

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

**59-3108251**

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

**ZALESKI, STANLEY  
 4053 11TH STREET  
 SEBASTIAN FL 32976**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ZALESKI, STANLEY</b> <b>4053 11TH STREET</b> <b>SEBASTIAN FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRADY, VALERIE R.</b> <b>4907 S.E. COGAN</b> <b>PALM BAY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WADE, PHYLLIS A.</b> <b>1140 TIGER STREET S.E.</b> <b>PALM BAY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Stanley Zaleski*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)



2002 Florida Intangible Personal Property Tax Return for Corporation,  
Partnership, and Fiduciary Filers as of January 1, 2002

CSOL  
DR-601C  
R. 01/02

Filing Status 5 Amended Return ☐  
Address Changes ☐ Bank/Trust ☐

Name **SPZ Incorporated**  
Address **4053 11th Street**  
City/ **Sebastian**  
State/ZIP **FL 32976**

FEIN **59-3108251**  
**8213000301023015035931082514**

DOR Use Only ☐ ☐

593108251	0	50000	0
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0	0	50000	0
5	0	0	0
00	50000000	0	0
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0	0	0	50000

1. Accounts Receivable (See Instructions, Page 6) .....
2. Loans and Notes Receivable (From Schedule B, Line 14) .....
3. Bonds (From Schedule C, Line 15) .....
4. Stocks, Mutuals, Money Market Funds, Limited Partnership  
Interests, and Beneficial Interest in Any Trust (From Schedule D, Line 16) .....
5. As Agent for Stockholders (From Schedule E, Line 17) Do not enter negative value ..... 500000.00
6. Total Taxable Intangible Assets (Total of Lines 1 through 5) Also enter on Line 1 of Tax Calculation Worksheet (on back) ..... 500000.00
7. Tax Due (From Tax Calculation Worksheet, Line 5)  
If Line 7 is less than \$60, no payment is due (File your return by TeleFile or Internet) ..... 500.00
8. Credits (From Tax Credit Worksheet, Line C) .....
9. Total Tax Due (Subtract Line 8 from Line 7) ..... 500.00
10. Discount (Jan. or Feb. - 4%; March - 3%; April - 2%; May - 1%; June - 0%; if postmarked on or before the last day of the discount  
period. The discount period is not extended when ending on a Saturday, Sunday, or federal or state holiday. See Instructions, Page 7)
11. Penalty and Interest (See Instructions, Page 7) .....
12. Voluntary Election Campaign Contribution (\$5 - See Instructions, Page 7) .....
13. Total Due: (Enter here and on Line 13a of the Coupon below. See Instructions, Page 7)
- 13a. Total Due From Line 13 ..... 500.00
- 13b. Less Amount Paid with Extension .....
- 13c. Total Due (Line 13a less Line 13b; U.S. funds only) The total due cannot be a negative number. If the total due is less  
than or equal to zero, enter "0". An overpayment will be refunded automatically. .... 500.00

331692

Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has any knowledge (ss.199.232(2); 92.525(2); and 837.06, F.S.).

Signature of Officer <i>Stanley Greshi</i>	Date <i>Feb 22-02</i>	Telephone No. <i>561-6641453</i>
Signature of Individual or Firm Preparing the Return <i>[Signature]</i>	Date <i>2/19/02</i>	Preparer's SSN or FEIN or PTIN <i>266-19-9538</i>

Payment Coupon 2002 FL Intangible Tax Return & Payment must be postmarked no later than June 30, 2002, to avoid Penalty & Int.

Do Not Detach **SPZ Incorporated**

FEIN **59-3108251** **4053 11th Street**  
**Sebastian**

**FL 32976**

☐ Check here if you transmitted funds electronically

☐ Check here if you do not want the Department to send you a form next year. ("see back of coupon")

Make Check Payable and Mail To:  
**FLORIDA DEPT. OF REVENUE**  
**5050 W TENNESSEE ST**  
**TALLAHASSEE FL 32399-0140**

CSOL  
DR-601C  
R. 01/02

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0	0	0	50000

8213 00030102 301503 5931082514

SPZ Incorporated

59-3108251

Attachment  
Doc# 510077CSOL  
DR-601C  
R. 01/02  
PAGE 2

## Important Information Requested

1. If this is your first time filing an Intangible Tax Return, please complete the following:

Date of incorporation

Date you began business in Florida

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Example:

Month	Day	Year
0	6	1
0	2	0
0	0	1

331692

2. If your filing status has changed, please enter the previous FEIN, the new FEIN, and the new filing status:

## Filing Status

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Previous FEIN

--

New FEIN

- ☐ Fiduciary
- ☐ Affiliated Group of Corporations  
(Must Submit List, See Page 10)
- ☐ Partnership
- ☐ Corporation

- ☐ Final Return
- ☐ Information Return Only  
(Filed Under
- SSN \_\_\_\_\_ )
- ☐ Trustee

3. If your name/mailling address has changed or is incorrect, please complete the following:

Name of

Taxpayer(s)

Attention or

In Care of

New Address

City/State/ZIP

Telephone Number

Signature

## Tax Calculation Worksheet

1. Enter Total Taxable Intangible Assets from Schedule A, Line 6	\$	500,000.
2. Multiply by Tax Rate	x .001	
3. Tax Due		
Carry Amount to Schedule A, Line 7	\$	500.

## Tax Credit Worksheet (see Instructions, Page 6)

A. Intangible Tax Paid to Another State (see Instr.). Identify State:	A.
B. Cleanup of Contaminated Dry-Cleaning/ Brownfield Sites (If credit not taken on F-1120)	B.
C. Total Credit (Line A plus Line B). Enter on Schedule A, Line 8	C.

## Information Notices

(If none of the boxes below are applicable, disregard this section.)

Check the appropriate box below: (see Information Notices on Page 9 of the Instructions)

1. ☐ We hereby certify this corporation is not required to file a notice of stock value because its shares are regularly listed on a public exchange or traded over the counter. May use alternate method of filing, Page 12.
2. ☐ We hereby certify this corporation's Florida stockholders were notified to the just value per share on or before April 1, for all of its shares that are not publicly traded or are restricted. May use alternate method of filing, Page 12.
3. ☒ We hereby certify this corporation elects to pay the intangible tax as agent for its Florida stockholders and certify all Florida stockholders were notified of this election on or before April 1. A copy of the notice is included with this return. The corporation has included the value of its shares held by Florida residents on this tax return, Schedule E. May use alternate method of filing if Tax Due is less than \$60, Page 12.
4. ☐ We hereby certify this corporation has no Florida stockholders. May use alternate method of filing, Page 12.

**Note:** If checking box 2 or 3, and your company's stock is not regularly traded on the open market, make sure that the value used for the company's shares is a reasonable market value. Book value alone is generally NOT a good estimate for market value.

Neither foreign currency nor funds drawn on other than U.S. banks will be accepted.

State law requires a service fee for returned checks or drafts of \$15 or 5% of the face amount, whichever is greater, not to exceed \$150 [s. 215.34(2), F.S.].

**Make check payable to:** Florida Department of Revenue  
(Include FEIN on check)

**Mail to:** FLORIDA DEPARTMENT OF REVENUE  
5050 W TENNESSEE ST  
TALLAHASSEE FL 32399-0140

Attachment  
Doc# 591679  
59-3

~~331692~~  
331692

CSOL  
DR-601CS  
R. 01/02

PAGE 2 **SPZ Incorporated**

**59-3108251**

R. 01/02

## Schedule D

**Stocks, Mutuals, Money Market Funds, Limited Partnership Interests, and Beneficial Interest in any Trust. The law provides for a specific penalty of 10% for omitted and/or undervalued stock.**

[illegible]

## Schedule E

**Corporations Only - Paying as Agent for Florida Stockholders**

Class of Stock	Total Number of Shares Outstanding (1)	No. of Taxable Shares (All shares held by Florida residents) (2)	Just Value Per Share (3)	Value of Shares Outstanding (4)	Total Taxable Amount January 1, 2002 (5)
Common	1,000	1,000	500.0000	500,000	500,000
Preferred					
Other					
LOANS and ADVANCES FROM FLORIDA STOCKHOLDERS					
17. Total of Schedule E (Enter on Schedule A, Line 5.)				17.	500,000

**Include additional schedules if necessary. Photocopies of all schedules are acceptable. You may use your broker's statement if all required information is listed and the totals are transferred to the appropriate schedule(s).**

<b>Schedule L</b> Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		104,204		105,735
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. Government obligations				
5	Tax-exempt securities				
6	Other current assets				
7	Loans to shareholders				
8	Mortgage and real estate loans		391,767		377,114
9	Other investments				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach sch.)				
15	Total assets		495,971		482,849
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (att. sch.)		252,770		237,017
22	Capital stock		1,000		1,000
23	Additional paid-in capital		413,359		413,359
24	Retained earnings		-171,158		-174,504
25	Adjustments to shareholders' equity (attach schedule)				
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity		495,971		476,872

**Schedule M-1** **Reconciliation of Income (Loss) per Books With Income (Loss) per Return** (You are not required to complete this schedule if the total assets on Ln. 15, column (d), of Schedule L are less than \$25,000.)

1	Net income (loss) per books	33,454	5	Income recorded on books this year not included on Schedule K, lines 1 through 6 (itemize):	
2	Income included on Schedule K, lines 1 through 6, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 11a, 15g, and 16b (itemize):		6	Deductions included on Schedule K, lines 1 through 11a, 15g, and 16b, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Travel and entertainment \$		7	Add lines 5 and 6	
4	Add lines 1 through 3	33,454	8	Income (loss) (Schedule K, line 23). Line 4 less line 7	33,454

**Schedule M-2** **Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed** (see page 27 of the instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year		
2	Ordinary income from page 1, line 21		
3	Other additions Stmt 3	39,431	
4	Loss from page 1, line 21	5,977	
5	Other reductions		
6	Combine lines 1 through 5	33,454	
7	Distributions other than div. distributions	33,454	
8	Balance at end of tax year. Subtract Ln. 7 from Ln. 6	0	