FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 200

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90009 006 ****50.00

DOCUMENT # L01000021988

1. Entity Name
ELYSIAN EQUESTRIAN CENTER LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
211 48TH ST. COURT NE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON FL	City & State
Zip: 34208 Country: MANATEE	Zip Country

4. FEI Number: 60-0000757 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: BARNES, GARAET, T. ESQ.
Street Address (P.O. Box Number is Not Acceptable): BARNES WALKER, CHARTERED
3119 MANATEE AVE. W
City: BRADENTON, FL FL Zip Code: 34205

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

~~January 1 - May 1 Fee is $150.00~~ 50.00
~~After May 1, Fee is $550.00~~
~~Amended UBR is $61.25~~
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MARTIRE, JAMES L 211 48TH ST. COURT NE BRADENTON, FL 34208
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CR2E004B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X James L. Martire 3-17-03 941-745-1292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #