


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0151569
FP

DOCUMENT # P02000133323

1. Entity Name
BMW ALTOONA STABLES, INC.



FILED

03 OCT 27 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
22600 E. S.R. 44
EUSTIS FL 32726

Mailing Address
22600 E. S.R. 44
EUSTIS FL 32726

2. Principal Place of Business
43300 SE 9th N
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
ALTOONA FL

City & State
FL

Zip
32702

Country
US

Zip
32702

Country
US

REINSTATEMENT 03
CHECK HERE IF CHANGES

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

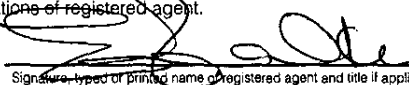
6. Name and Address of Current Registered Agent

COSTOLO, W. TERRY
301 E. PINE ST., SUITE 1400
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name **Emily Walker, President**
Street Address (P.O. Box Number is Not Acceptable)
22600 E. S.R. 44
City **Eustis** FL Zip Code **32726**

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  (NOTE: Registered Agent signature required when reinstating) DATE **10-23-03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Emily M. Walker 22600 E. St. 44 EUSTIS FL 32726	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Dwayne Walker 22600 E. St. 44 EUSTIS FL 32726	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Emily M. Walker 22600 E. St. 44 EUSTIS FL 32726	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300024170193 10/27/03--01078--016 **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE REQUIRED DATE **10-23-03** DAYTIME PHONE # **352-585-0475**

CR2E034 (4/03)