

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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 SR 9A N

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altosona

City & State

FL

Zip

32702

Country

US

Zip

Country

REINSTATEMENT

03

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

Signature, typed or printed name of registered agent and title if applicable.

(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 President  
NAME Emily M. Walker  
STREET ADDRESS 22600 E. S.R. 44  
CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE Vice President  
NAME Duwayne Walker  
STREET ADDRESS 22600 E. S.R. 44  
CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE Secretary  
NAME Emily M. Walker  
STREET ADDRESS 22600 E. S.R. 44  
CITY-ST-ZIP EUSTIS FL 32726 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 300024170193  
STREET ADDRESS 10/27/03--01078--016 \*\*750.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-03

Date

352-585-0475

Daytime Phone #

CR2E034 (4/03)

0151569  
FR