

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014149

1. Entity Name

ELYSIUM INC.

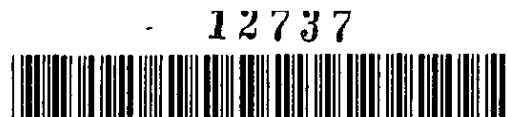
**FILED**  
**May 06, 2000 8:00 am**  
**Secretary of State**

05-06-2000 90289 001 \*\*\*\*17.50  
 05-06-2000 90289 002 \*\*\*150.00

Principal Place of Business Mailing Address  
 4656 GULF BREEZE PKWY 4656 GULF BREEZE PKWY  
 GULF BREEZE FL 32561 GULF BREEZE FL 32561-9000  
 US US

2. Principal Place of Business 3. Mailing Address  
 5926 Gulf Breeze Pkwy 5926 Gulf Breeze Pkwy  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Gulf Breeze FL Gulf Breeze FL  
 Zip Zip  
 32561 32561  
 Country Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3164110 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
 ODENBRETT, VINCENT D  
 3053 RACHETTE SQUARE  
 GULF BREEZE FL 32561

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 3053 RACHETTE SQUARE  
 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]* DATE 4/24/00  
 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)  
 FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 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	PT V, S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODENBRETT, VINCENT D		NAME		
STREET ADDRESS	3053 RACHETTE SQUARE		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGERON, ALLEN R		NAME		
STREET ADDRESS	1039 AQUAMARINE DR		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODENBRETT, MICHAEL J		NAME		
STREET ADDRESS	1404 GREENVISTA LANE		STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *[Signature]* REQUIRED 4/24/00 8509327998.  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)