

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000010353**1. Entity Name
ELYSIUM SERVICES, INC.

Principal Place of Business 632 NORTHWEST 29 STREET FORT LAUDERDALE FL 33311	Mailing Address 632 NORTHWEST 29 STREET FORT LAUDERDALE FL 33311
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2. Principal Place of Business 1641 SW 30TH AVE.	3. Mailing Address
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Suite, Apt. #, etc. 18	Suite, Apt. #, etc.
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City & State POMPANO BEACH FL	City & State
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Zip 33069	Country	Zip	Country
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4. FEI Number 65-0639484	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentTHE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE

CORAL GABLES FL 33134 US**7. Name and Address of New Registered Agent**

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 _____ 04/26/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	JANNAN L	
STREET ADDRESS	632 NW 29TH ST	
CITY-ST-ZIP	FT LAUD FL 33311	

TITLE	D	<input type="checkbox"/> Delete
NAME	ESKEW DONALD L	
STREET ADDRESS	632 NORTHWEST 29 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

TITLE	D	<input type="checkbox"/> Delete
NAME	STADNIK ALEXANDER A	
STREET ADDRESS	632 NORTHWEST 29 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

TITLE	PST	<input type="checkbox"/> Delete
NAME	STADNIK RUTHANNE M	
STREET ADDRESS	632 NORTHWEST 29 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESKEW MICHAEL	
STREET ADDRESS	1461 SW 30TH AVE. #18	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	VP,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESKEW PHILLIP	
STREET ADDRESS	1461 SW 30TH AVE #18	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

TITLE	VP,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STADNIK ALEXANDER A	
STREET ADDRESS	632 NORTHWEST 29 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STADNIK RUTHANNE M	
STREET ADDRESS	632 NORTHWEST 29 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: RUTHANNE M. STADNIK, PRES.

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04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)