

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State
 04-25-2000 90120 050 ***150.00

DOCUMENT # S27026

1. Entity Name
ELYSIUM, INC.

Principal Place of Business Mailing Address
 632 NW 29TH ST. 632 NW 29TH ST.
 WILTON MANOR FL 33311 WILTON MANOR FL 33311

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0238885** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
STADNIK, ALEXANDER
632 NW 29TH ST.
WILTON MANOR FL 33311

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

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		
TITLE	PDT	<input type="checkbox"/> Delete
NAME	STADNIK, RUTHANNE	
STREET ADDRESS	632 NW 29TH ST.	
CITY-ST-ZIP	WILTON MANOR FL 33311	
TITLE	VST	<input type="checkbox"/> Delete
NAME	STADNIK, ALEXANDER	
STREET ADDRESS	632 NW 29TH ST.	
CITY-ST-ZIP	WILTON MANOR FL 33311	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ESKEW, DONALD	
STREET ADDRESS	632 NW 29TH ST.	
CITY-ST-ZIP	WILTON MANOR FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESKEW, MICHAEL	
STREET ADDRESS	632 NW 29TH ST.	
CITY-ST-ZIP	WILTON MANOR FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	JANNAN, LYNN	
STREET ADDRESS	632 NW 29TH ST.	
CITY-ST-ZIP	WILTON MANOR FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOTI, STEPHEN V SR.	
STREET ADDRESS	632 NW 29TH ST.	
CITY-ST-ZIP	WILTON MANOR FL 33311	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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		
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		
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 empowerers.

SIGNATURE: *[Signature]* 4/19 954-566-9826
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)