

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90096 034 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M64607			
1. Entity Name MAYO CHEMICAL, INC.			
Principal Place of Business RR 3 BOX 47H MONTICELLO, FL 32344		Mailing Address RR 3 BOX 47H MONTICELLO, FL 32344	
2. Principal Place of Business 26 C+S Lane		3. Mailing Address 26 C+S Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Monticello, FL		City & State Monticello, FL	
Zip 32344		Zip 32344	
Country Jefferson		Country Jefferson	
4. FEI Number 59-2868013		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WALKER, SYLVIA A. RR 3 BOX 47H MONTICELLO, FL 32344		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when instituting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIEHAUS, DONNA JEAN 950 E. WASHINGTON MONTICELLO, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAW, MIKE CORNER OF TAR AND FLOYD MAYO, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALKER, SYLVIA A. RR 3 BOX 47H MONTICELLO, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Sylvia A. Walker		4/7/03 229-346-3561	

CR2034 (10/02)