

FILED
Apr 11, 2002 8:00 am
Secretary of State
04-11-2002 90664 017 ***150.00

0126293 AV

DOCUMENT # P01000028754

1. Entity Name
CIMFAMCO, INC.

Principal Place of Business	Mailing Address
307 SABLE OAK DRIVE VERO BEACH FL 32963	307 SABLE OAK DRIVE VERO BEACH FL 32963

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

Zip	Country	Zip	Country
10001	USA	10001	USA
10002	USA	10002	USA
10003	USA	10003	USA
10004	USA	10004	USA
10005	USA	10005	USA
10006	USA	10006	USA
10007	USA	10007	USA
10008	USA	10008	USA
10009	USA	10009	USA
10010	USA	10010	USA
10011	USA	10011	USA
10012	USA	10012	USA
10013	USA	10013	USA
10014	USA	10014	USA
10015	USA	10015	USA
10016	USA	10016	USA
10017	USA	10017	USA
10018	USA	10018	USA
10019	USA	10019	USA
10020	USA	10020	USA
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10024	USA	10024	USA
10025	USA	10025	USA
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10027	USA	10027	USA
10028	USA	10028	USA
10029	USA	10029	USA
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10032	USA	10032	USA
10033	USA	10033	USA
10034	USA	10034	USA
10035	USA	10035	USA
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10039	USA	10039	USA
10040	USA	10040	USA
10041	USA	10041	USA
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10049	USA	10049	USA
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10063	USA	10063	USA
10064	USA	10064	USA
10065	USA	10065	USA
10066	USA	10066	USA
10067	USA	10067	USA
10068	USA	10068	USA
10069	USA	10069	USA
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10071	USA	10071	USA
10072	USA	10072	USA
10073	USA	10073	USA
10074	USA	10074	USA
10075	USA	10075	USA
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10077	USA	10077	USA
10078	USA	10078	USA
10079	USA	10079	USA
10080	USA	10080	USA
10081	USA	10081	USA
10082	USA	10082	USA
10083	USA	10083	USA
10084	USA	10084	USA
10085	USA	10085	USA
10086	USA	10086	USA
10087	USA	10087	USA
10088	USA	10088	USA
10089	USA	10089	USA
10090	USA	10090	USA
10091	USA	10091	USA
10092	USA	10092	USA
10093	USA	10093	USA
10094	USA	10094	USA
10095	USA	10095	USA
10096	USA	10096	USA
10097	USA	10097	USA
10098	USA	10098	USA
10099	USA	10099	USA
10100	USA	10100	USA

6. Name and Address of Current Registered Agent	
MORSE, CHALMERS I 307 SABLE OAK DRIVE VERO BEACH FL 32963	Name
	Street Address
	City

4. FEI Number	Applied For
65-1103684	Not Applicable

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

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

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D MORSE, CHALMERS I 307 SABLE OAK DRIVE VERO BEACH FL 32963	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, or all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** 4/3/02 772-234-0533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)