

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90071 033 ***150.00

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DOCUMENT # P93000077468

1. Entity Name

CHIMAYO, INC.

Principal Place of Business

4405 4TH STREET
 VERO BEACH FL 32968
 US

Mailing Address

PO BOX 1720
 VERO BEACH FL 32961
 US

00001001

2. Principal Place of Business

17 Crown Court

Suite, Apt. #, etc.

3. Mailing Address

17 Crown Court

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Pierce, FL

City & State

Ft. Pierce, FL

4. FEI Number

65-0453295

Applied For

Not Applicable

Zip

34949

Country
USA

Zip

34949

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, HUGH L II
 4405 4TH ST.
 P.O. BOX 1720
 VERO BCH. FL 32968

(Same agent, different address)
17 Crown Court
Ft. Pierce, FL
34949

7. Name and Address of New Registered Agent

Name

Hugh L Russell II

Street Address (P.O. Box Number is Not Acceptable)

17 Crown Court

City

Ft. Pierce

FL

Zip

34949

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] **Hugh L Russell II**

3/30/01

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	PDS	<input type="checkbox"/> Delete
NAME	RUSSELL, HUGH II	
STREET ADDRESS	4405 4TH STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RUSSELL, JEFFREY CLAY	
STREET ADDRESS	1925 PORT PROVINCE PLACE	
CITY-ST-ZIP	NEW PORT BEACH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RUSSELL-GRIFFIN, BRETTON	
STREET ADDRESS	27 ENSIS	
CITY-ST-ZIP	HILTON HEAD ISLAND FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RUSSELL, VIRGINIA TARLE	
STREET ADDRESS	4444 WESTHEIMER ROAD #244	
CITY-ST-ZIP	HOUSTON TX	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17 Crown Court	
CITY-ST-ZIP	Ft. Pierce, FL 34949	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1111 Post Oak Blvd, #308	
CITY-ST-ZIP	Houston, TX	
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 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] **Hugh L Russell II**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/30/01

Daytime Phone #

332-2300

CR2E034 (10/00)