FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am Secretary of State P93000077468 DOCUMENT # 1. Entity Name 04-17-2002 90073 004 ***150.00 CHIMAYO, INC. Principal Place of Business Mailing Address 17 CROWN COURT 17 CROWN COURT FORT PIERCE FL 34949 FORT PIERCE FL 34949 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0453295 Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent, RUSSELL, HUGH L. II Street Address (P.O. Box Number is Not Acceptable) 17 CROWN COURT FORT PIERCE FL 34949 City Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PDS CR2E034 (9/01) TITLE ☐ Addition TITLE ☐ Delete RUSSELL, HUGH II NAME NAME STREET ADDRESS 17 CROWN COURT STREET ADDRESS CITY-ST-ZIP FORT PIERCE FL 34949 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE D۷ TITLE RUSSELL, JEFFREY CLAY NAME NAME STREET ADDRESS 1925 PORT PROVINCE PLACE STREET ADDRESS CITY-ST-ZIP NEW PORT BEACH FL CITY-ST-ZIP TITLE Delete _ TITLE Change RUSSELL-GRIFFIN. BRETTON NAME NAME STREET ADDRESS 27 ENSIS STREET ADDRESS CITY-ST-ZIP HILTON HEAD ISLAND FL CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change RUSSELL, VIRGINIA TARLE NAME 1111 POST OAK BLVD. #308 STREET ADDRESS STREET ADDRESS HOUSTON TX CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 attacl

SIGNATURE: