

2000 UNIFORM BUSINESS REPORT (UBR)

0051347

DOCUMENT # P96000069977

1. Entity Name

CIMARRON CONSULTING, INC.

FILED

00 APR 28 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301

Mailing Address

1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301-2843

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3400964

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPITOL SERVICES
1406 HAYS STREET
SUITE 2
TALLAHASSEE FL 32301

Name
Paralegal & Attorney Service Bureau, Inc.
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 *Kathleen J. Hill* Kathleen J. Hill, Pres. 04/28/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME O'BRYANT, FAYE ELLEN
STREET ADDRESS 301 S.W. LINCOLN, #1312
CITY-ST-ZIP PORTLAND OR 97201

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 300003241783--1
CITY-ST-ZIP -05/08/00--01012--013
***158.75 ***158.75

TITLE VD ☒ Delete
NAME O'BRYANT, JAMES L
STREET ADDRESS 421 W. BLVD.
CITY-ST-ZIP CASHION OK 73016

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD ☒ Delete
NAME TERRELL, IRVIN C
STREET ADDRESS 6061 VILLAGE BEND, #410
CITY-ST-ZIP DALLAS TX 75206

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MD ☐ Delete
NAME WEBB, VIRGINIA C DR
STREET ADDRESS P.O. BOX 142
CITY-ST-ZIP CRECENT OK 73028

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☒ Delete
NAME JOHNSON, PATRICIA
STREET ADDRESS 208 W. DAVIS DRIVE
CITY-ST-ZIP EDMOND OK 73003

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 (503) 720-0821

Date

Daytime Phone #

CR2E034 (9/99)