**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address

SIGNATURE:

## May 17, 2001 8:00 am Secretary of State DOCUMENT # **P96000069977** 1. Entity Name 05-17-2001 91049 001 \*\*\*150 00 CIMARRON CONSULTING, INC. 05-17-2001 91049 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 1406 HAYS STREET 1406 HAYS STREET SUITE 2 SUITE 2 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 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 59-3400964 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARALEGAL & ATTORNEY SERVICE BUREAU, INC. Street Address (P.O. Box Number is Not Acceptable) 1406 HAYS STREET SUITE 2 TALLAHASSEE FL 32301 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PTD ☐ Addition TITLE ☐ Delete TITLE Change O'BRYANT, FAYE ELLEN NAME NAME STREET ADDRESS STREET ADDRESS 301 S.W. LINCOLN, #1312 CITY-ST-ZIP CITY-ST-ZIP PORTLAND OR 97201 ☐ Delete TITLE ☐ Addition TITLE WEBB, VIRGINIA C DR NAME NAME STREET ADDRESS P.O. BOX 142 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CRECENT OK 73028 TITÚE<sup>\*</sup> Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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