

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90016 013 \*\*\*150.00

**DOCUMENT # P97000010482**

1. Entity Name

**MAYO-MAYO, INC.**

Principal Place of Business

Mailing Address

1118 MAYO ST  
 PACE FL 32571

P O BOX 11132  
 PENSACOLA FL 32524-1132

80000708

2. Principal Place of Business

3. Mailing Address

4910 Mayo Circle  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 Pace, FL

City & State

4. FEI Number **59-3428060**

Applied For

Not Applicable

Zip  
 32571

Country  
 Santa Rosa

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAYO, ELLIS  
 1118 MAYO ST  
 PACE FL 32571

Name **Ellis Mayo, Jr.**

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

**4910 Mayo Circle**

City **Pace,**

**FL**

Zip Code **32571**

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

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MAYO, ELLIS J</b>	
STREET ADDRESS	<b>4910 MAYO CIR</b>	
CITY-ST-ZIP	<b>PACE FL 32571</b>	
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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

Date

Daytime Phone #

*Ellis Mayo, Jr.*

1-5-00 850-994-743