2003 FOR PROFIT CORPORATION

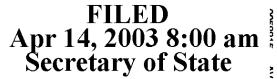
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name MAYO-MAYO, INC.

P97000010482

Principal Place of Business 4910 MAYO CIRCLE
PACE FL 32571

Mailing Address P O BOX 11132



04-14-2003 90354 007 ***150.00

PACE FL 325	71		PENSA	PENSACOLA FL 32524							
2. Principal P	Place of Busin	ess	3. Maili	3. Mailing Address				01		1	
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	te		City &	City & State			4. FEI Number 59-342806	FEI Number 59-3428060 Applied F Not Applie			7
Zip Country			Zip		Country		5. Certificate of Status Desired	l	\$8.75 Ac	Iditional _	
	6. Name	and Address of Curre	nt Registered	l Agent			7. Name and Address of New Registered Agent				
					Name						1
MAYO, ELLIS						1					
		- 1 4		Street Address			(P.O. Box Number is Not Acceptable)				
PACE FL											
•					City			F	Zip Cod	de	
the obligat			t for the purpo	se of changing its r	egistered office o	or registere	d agent, or both, in the State of	Florida. I am	n famillar with	, and accept	
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and title if applic	cable. (NOTE:	Registered Agent signs	iture required w	vhen reinstating)	DATE			
	11 F \$10W/II	. EEE 10 6450.00					-				1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of							 Election Campaign Trust Fund Contribution 	-	\$5. €	00 May Be od to Fees	
10.	it i uyubic to		D DIRECTOR	10	11.		ADDITIONS/CHANGES TO O	FEICERS AN	D DIRECTOR	RS -INI 11	-
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12. 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 shell 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 10 or Block 11 if changed, or on an attachment with an anothers, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

Addition

Change