

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90027 017 ***150.00

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DOCUMENT # P99000006819
 1. Entity Name
MITCHELL KING, INC.

Principal Place of Business 3541 RED CLOUD TRAIL ST. AUGUSTINE FL 32086	Mailing Address 3541 RED CLOUD TRAIL ST. AUGUSTINE FL 32086
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3619183	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RING, JULIE
3505 US 1 SOUTH
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent
 Name **ELEANOR MITCHELL**
 Street Address (P.O. Box Number is Not Acceptable) **3541 RED CLOUD TRAIL**
 City **ST. AUGUSTINE** **FL** Zip Code **32086**

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 *Eleanor Mitchell* **ELEANOR MITCHELL**
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, 2002 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

TITLE	D <input type="checkbox"/> Delete
NAME	KING, KATHLEEN M
STREET ADDRESS	11 SAN JOSE DRIVE
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	D <input type="checkbox"/> Delete
NAME	MITCHELL, ELEANOR
STREET ADDRESS	3541 RED CLOUD TRAIL
CITY-ST-ZIP	ST. AUGUSTINE FL 32086
TITLE	VSD <input type="checkbox"/> Delete
NAME	KING, GREGORY C
STREET ADDRESS	61 SAN JOSE DRIVE
CITY-ST-ZIP	PALM COAST FL 32137
TITLE	PTD <input type="checkbox"/> Delete
NAME	GRANT, MITCHELL C
STREET ADDRESS	3541 RED CLOUD TRAIL
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	11 SAN JOSE DRIVE
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Grant C. Mitchell* **GRANT C. MITCHELL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **January 17, 2002**
DATE **904-797-4646**
Daytime Phone #

CR2E034 (9/01)