

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000006819

FILED
Apr 30, 2003
Secretary of State

Entity Name: MITCHELL KING, INC.

Current Principal Place of Business:

3541 RED CLOUD TRAIL
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

3541 RED CLOUD TRAIL
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 59-3619183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELEANOR, MITCHELL
3541 RED CLOUD TRAIL
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KING, KATHLEEN M
Address: 11 SAN JOSE DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: MITCHELL, ELEANOR
Address: 3541 RED CLOUD TRAIL
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VSD () Delete
Name: KING, GREGORY C
Address: 11 SAN JOSE DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: PTD () Delete
Name: GRANT, MITCHELL C
Address: 3541 RED CLOUD TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRANT C. MITCHELL

P

04/30/2003

Electronic Signature of Signing Officer or Director

_____ Date