

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 298251

1. Entity Name

ED MITCHELL INCORPORATED

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90107 005 ***150.00

Principal Place of Business

Mailing Address

17880 SW 232 STREET
MIAMI FL 33170
US

1731 COLONIAL DRIVE
GREEN COVE SPRINGS FL 32043-8006
US

2. Principal Place of Business

3. Mailing Address

1731 Colonial Drive
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

City & State

4. FEI Number

59-1425028

Applied For

Not Applicable

Zip
32043

Country
USA

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

MITCHELL, FRANK C.
1731 COLONIAL DRIVE
GREEN COVE SPRINGS FL 32043

Name

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

City

FL

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)

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	PD	<input type="checkbox"/> Delete
NAME	MITCHELL, FRANK C	
STREET ADDRESS	1731 COLONIAL DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, EDWARD T.	
STREET ADDRESS	27925 SW 163 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	ST.	<input type="checkbox"/> Delete
NAME	MITCHELL, SUSAN E	
STREET ADDRESS	1731 COLONIAL DRIVE	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIERCE, MARJORIE M	
STREET ADDRESS	18955 S.W. 264 ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, THOMAS	
STREET ADDRESS	16595 SW 90 AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		
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: Susan E. Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00

Date

904-529-7215

904-7215

Daytime Phone #

CR2E034 (9/99)