

**FILED**  
**Jun 27, 2002 8:00 am**  
**Secretary of State**

06-27-2002 90523 007 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **317037**

1. Entity Name

**C. W. MITCHELL, INC.**

**DO NOT WRITE IN THIS SPACE**

**B0126044**

2. Principal Place of Business

**9516 E. M L KING BLVD**

3. Mailing Address

**9516 E. M L KING BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**TAMPA FL**

City & State

**TAMPA FL**

4. FEL Number

**59-1166122**

Applied For

Not Applicable

Zip

**33610**

Country

**US**

Zip

**33610**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **JERRY A. MITCHELL**

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

**9516 E. M L KING BLVD**

City **TAMPA**

FL

Zip Code

**33610**

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 filer if applicable.

(NOTE: Registered Agent signature required when consenting)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$500.00

Amended UBR is \$61.25

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 **P/D**  
NAME **JERRY A. MITCHELL**  
STREET ADDRESS **9516 E. M L KING BLVD**  
CITY-ST-ZIP **TAMPA FL 33610**

TITLE **S**  
NAME **GLEN C. FREEMAN**  
STREET ADDRESS **9516 E. M L KING BLVD**  
CITY-ST-ZIP **TAMPA FL 33610**

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/20/02**

**(813) 621-0099**

Date

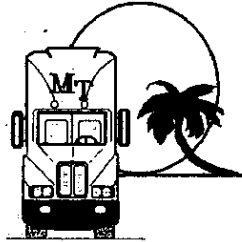
Signature Phone #

CR2E034B (12/01)

# Attachment Mitchell Transport

60126044

*Driven by a Higher Standard...*



*Tampa, Florida*

June 20, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Madam/Sir,

Enclosed, please find the 2002 Uniform Business Reports for our three corporations. We recently lost our previous controller and during the loss of one and the replacement by another, the forms mailed to us by your department were somehow lost, destroyed or misplaced. Due to this, the deadline for filing was missed and was brought to our attention by our external CPA.

We have gone online and downloaded the forms for the three corporations and are submitting them with this letter. To my knowledge this is the first time we have been late during the many years we have been incorporated. I respectfully request that the penalty for late filing be waived.

Respectfully,

Jerry Mitchell, President  
C.W. Mitchell, Inc.  
Mitchell Transportation Management, Inc.  
Mitchell Institute of Trucking, Inc.