

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G25594**

1. Entity Name

MIKE'S CAFE, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90301 050 ***150.00

Principal Place of Business

Mailing Address

113 S. MONROE ST.
TALLAHASSEE FL 32301

113 S. MONROE ST.
TALLAHASSEE FL 32311-0441

2. Principal Place of Business

3348 Mahan Dr., #2

Suite, Apt. #, etc.

3. Mailing Address

3348 Mahan Drive

Suite, Apt. #, etc.

Unit 2



DO NOT WRITE IN THIS SPACE

City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 59-2259687	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 32308	Country US	Zip 32308	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, BONNIE D.
113 S. MONROE ST.
TALLAHASSEE FL 32301

Name

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

3348 Mahan Drive, #2

City
Tallahassee

FL

Zip Code
32308

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		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MITCHELL, MIKE N.			NAME 3348 Mahan Dr., #2		
STREET ADDRESS 113 SOUTH MONROE ST.			STREET ADDRESS Tallahassee, FL 32308		
CITY-ST-ZIP TALLAHASSEE FL			CITY-ST-ZIP Tallahassee, FL 32308		
TITLE STD	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MITCHELL, BONNIE D.			NAME 3348 Mahan Dr., #2		
STREET ADDRESS 113 SOUTH MONROE ST.			STREET ADDRESS Tallahassee, FL 32308		
CITY-ST-ZIP TALLAHASSEE FL			CITY-ST-ZIP Tallahassee, FL 32308		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **SIGNATURE** **Michelle Bonnie Mitchell** **4/29/00** **877-5982**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)