

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # H88852**

1. Entity Name

**MITCHELL ENGINEERING, INC.**

Principal Place of Business

**1885 A PORTER LAKE DR  
SARASOTA FL 34240**

Mailing Address

**1885 A PORTER LAKE DR  
SARASOTA FL 34240**

2. Principal Place of Business

**1513 Scarlett Ave.**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 7759**

Suite, Apt. #, etc.

City &amp; State

**North Port, FL**

City &amp; State

**North Port, FL**

4. FEI Number

**59-2616668**

Applied For

Not Applicable

Zip

**34286**

Country

**U.S.A.**

Zip

**34287-7759**

Country

**U.S.A.**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LINDA C. MAHONEY  
7958 ROYAL BIRKDALE CIR  
BRADENTON FL 34202**

7. Name and Address of New Registered Agent

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, 2001 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	PT	<input type="checkbox"/> Delete
NAME	MAHONEY, THOMAS M.	
STREET ADDRESS	7958 ROYAL BIRKDALE CIR	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MAHONEY, LINDA C.	
STREET ADDRESS	7958 ROYAL BIRKDALE CIR	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	V	<input type="checkbox"/> Delete
NAME	MAHONEY JR, THOMAS M	
STREET ADDRESS	1145 DEER HOLLOW PL	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

941-423-3788

Daytime Phone #

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90229 001 \*\*\*\*75.00

04-18-2001 90229 002 \*\*\*\*75.00

**37338**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

0415009