

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H89872

1. Entity Name

MR. SATELLITE, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90034 020 \*\*\*150.00

Principal Place of Business

415 PINAR DR  
ORLANDO FL 32825  
US

Mailing Address

415 PINAR DR  
ORLANDO FL 32825-7815  
US

2. Principal Place of Business

3. Mailing Address

2611 Albion Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, Fl.

Zip

Country

Zip

Country

32833

Orange

4. FEI Number

59-2631817

Applied For

Not Applicable

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, NIRA A.  
415 PINAR DR.  
ORLANDO FL 32825

Name

Mitchell, Nira A.

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

2611 Albion Ave

City

Orlando

FL

Zip Code

32833

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MITCHELL, HAROLD D.  
415 PINAR DR.  
ORLANDO FL 32825

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MITCHELL, HAROLD D.  
415 PINAR DR.  
ORLANDO FL 32825

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
MITCHELL, NIRA A.  
415 PINAR DR.  
ORLANDO FL 32825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MITCHELL, NIRA A.  
415 PINAR DR.  
ORLANDO FL 32825

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MITCHELL, RUSSELL D.  
415 PINAR DR.  
ORLANDO FL 32825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MITCHELL, RUSSELL D.  
415 PINAR DR.  
ORLANDO FL 32825

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MITCHELL, MYRA JANE  
415 PINAR DR.  
ORLANDO FL 32825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MITCHELL, MYRA JANE  
415 PINAR DR.  
ORLANDO FL 32825

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MITCHELL, STEVEN A.  
415 PINAR DR.  
ORLANDO FL 32825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MITCHELL, STEVEN A.  
415 PINAR DR.  
ORLANDO FL 32825

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MITCHELL, DAVID L.  
415 PINAR DR.  
ORLANDO FL 32825

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MITCHELL, DAVID L.  
415 PINAR DR.  
ORLANDO FL 32825

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: Nira A. Mitchell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

(407) 384-0556  
Daytime Phone #

CR2E034 (9/99)