

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H89872

1. Entity Name

MR. SATELLITE, INC.

Principal Place of Business

415 PINAR DR
ORLANDO FL 32825
US

Mailing Address

2611 ALBIAN AVE
ORLANDO FL 32833
US

2. Principal Place of Business

2611 Albion Ave

Suite, Apt. #, etc.

3. Mailing Address

2611 Albion Ave

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32833

Country

Orange

Zip

32833

Country

Orange

6. Name and Address of Current Registered Agent

MITCHELL, NIRA A.
2611 ALBIAN AVE
ORLANDO FL 32833

4. FEI Number 59-2631817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MITCHELL, HAROLD D.	415 PINAR DR.	ORLANDO FL 32825	<input type="checkbox"/>
DV	MITCHELL, NIRA A.	415 PINAR DR.	ORLANDO FL 32825	<input type="checkbox"/>
D	MITCHELL, RUSSELL D.	415 PINAR DR.	ORLANDO FL 32825	<input type="checkbox"/>
D	MITCHELL, MYRA JANE	415 PINAR DR.	ORLANDO FL 32825	<input type="checkbox"/>
D	MITCHELL, STEVEN A.	415 PINAR DR.	ORLANDO FL 32825	<input type="checkbox"/>
D	MITCHELL, DAVID L.	415 PINAR DR.	ORLANDO FL 32825	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

4/30/01

Date

(407) 568-6944

Daytime Phone #

CR2E034 (10/00)

0482464

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91319 034 ***150.00

C0066917



DO NOT WRITE IN THIS SPACE