

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91458 029 \*\*\*150.00

**DOCUMENT # J50933**

1. Entity Name

**HARKAVY, MITCHELL & STEWART, P.A.**

Principal Place of Business

Mailing Address

% DAVID M. MITCHELL

% DAVID M. MITCHELL

~~219 S. ORANGE AVE~~ 22 S. Links Ave., Suite 300  
SARASOTA FL 34236-3899

~~219 S. ORANGE AVE~~ 22 S. Links Ave., Suite 300  
SARASOTA FL 34236-3899

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

22 S. Links Ave., #300

Suite, Apt. #, etc.

22 S. Links Ave., #300

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip  
34236

Country

Sarasota

Zip  
34236

Country

Sarasota

4. FEI Number

59-2750651

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, DAVID M.

219 S. ORANGE AVE

SARASOTA FL 34236-3899

Name

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

22 S. Links Ave., Suite 300

Sarasota, FL

City

Sarasota

FL

Zip Code  
34236

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, 2002 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 PTD  
STREET ADDRESS MITCHELL, DAVID M.  
CITY-ST-ZIP 219 S. ORANGE AVE  
SARASOTA FL

TITLE ☒ Change ☐ Addition  
NAME Mitchell, David PTSD  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME VSD  
STREET ADDRESS STEWART, DONALD A.  
CITY-ST-ZIP 219 S. ORANGE AVE  
SARASOTA FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/02

(941) 365 0415

CR2E034 (9/01)