

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90138 018 ***150.00

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DOCUMENT # P01000017278

1. Entity Name

MITCHELL MAYER MARKETING GROUP, INC.



Principal Place of Business

~~35205 SR 54~~
ZEPHYRILLS FL 33541

Mailing Address

5258 HALSTEAD LN
ZEPHYRILLS FL 33541

11029882



2. Principal Place of Business

38058 Daugherty Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3693790

Applied For

Not Applicable

Zip

33542

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, GREGORY L
5258 HALSTEAD LN
ZEPHYRILLS FL 33541

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **MITCHELL, GREGORY L**
STREET ADDRESS **5258 HALSTEAD LN**
CITY-ST-ZIP **ZEPHYRILLS FL 33541**

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

TITLE **D** ☐ Delete
NAME **MITCHELL, MARIA**
STREET ADDRESS **5258 HALSTEAD LN**
CITY-ST-ZIP **ZEPHYRILLS FL 33541**

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

TITLE **PVST** ☐ Delete
NAME **MITCHELL, MARIA**
STREET ADDRESS **5258 HALSTEAD LN**
CITY-ST-ZIP **ZEPHYRILLS FL 33541**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

NOT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory L. Mitchell
PRES

Date

Daytime Phone #

813
788-9880

CR2E034 (10/02)