

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-30-2003 90126 048 \*\*\*150.00

0061764 AV

**DOCUMENT # P01000050551**

1. Entity Name  
**MITCHELL'S INSURANCE SERVICES, INC.**



Principal Place of Business  
418 W. 23RD ST.  
PANAMA CITY FL 32405

Mailing Address  
418 W. 23RD ST.  
PANAMA CITY FL 32405

2. Principal Place of Business  
**2810-B Hwy 77**  
Suite, Apt. #, etc.

3. Mailing Address  
**2810-B Hwy 77**  
Suite, Apt. #, etc.

City & State  
**PANAMA CITY, FL.**  
Zip  
**32405**  
Country  
**Bay**

City & State  
**PANAMA CITY, FL.**  
Zip  
**32405**  
Country  
**Bay**

4. FEI Number **59-3722494**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**STOPKA, ALBERT J**  
**108 MOSLEY DR.**  
**LYNN HAVEN FL 32444**

**SAME-NO CHANGE**

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

SIGNATURE **JERRY P. MITCHELL**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04-28-2003**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MITCHELL, JERRY P</b> <b>4530 BOLLINGER RD</b> <b>PANAMA CITY FL 32404</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MITCHELL, JANET</b> <b>4530 BOLLINGER RD.</b> <b>PANAMA CITY FL 32404</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MITCHELL, MARK E</b> <b>714 E. PINE FOREST DR.</b> <b>LYNN HAVEN FL 32444</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

**1442 CALVIN AVE.**  
**PANAMA CITY, FL. 32404**

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: **JERRY P. MITCHELL** **04-28-2003** **850-769-9605**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)