

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90145 005 ***150.00

DOCUMENT # P02000106405

1. Entity Name

MITCHELL, MORGAN & THOMAS, INC.



Principal Place of Business

7441 NORTHWEST 4TH STREET
PLANTATION FL 33317-2204

Mailing Address

7441 NORTHWEST 4TH STREET
PLANTATION FL 33317-2204

2. Principal Place of Business

2727 E. OAKLAND PK. BLVD

Suite, Apt. #, etc.

Suite 205 A

City & State

Ft. Lauderdale FL

Zip

33306

Country

USA

3. Mailing Address

2727 E. OAKLAND PK. BLVD

Suite, Apt. #, etc.

Suite 205 A

City & State

Ft. Lauderdale FL

Zip

33306

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

371444325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELEHANTY, THOMAS J

7441 NORTHWEST 4TH STREET
PLANTATION FL 33317-2204

7. Name and Address of New Registered Agent

Name

Thomas J. DeLehanty

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

2727 E. OAKLAND PK. BLVD Ste 205 A

City

Ft. Lauderdale FL

State

FL

Zip Code

33306

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

TITLE: Pres/Secy/Treasurer
NAME: Thomas J. DeLehanty
STREET ADDRESS: 2727 E. OAKLAND PK. BLVD Ste 205 A
CITY-ST-ZIP: Ft. Lauderdale FLA. 33306

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

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NAME: ☐ Change ☐ Addition
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CITY-ST-ZIP: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-03

Date

Daytime Phone #

9545755111

CR2E034 (10/02)