

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90200 017 \*\*\*150.00

0002297 AT

**DOCUMENT # P02000128001**

1. Entity Name  
**MITCHELL'S PHOTOGRAPHY AND VIDEO, INC.**



Principal Place of Business  
**415 MORNING GLORY DRIVE  
LAKE MARY FL 32746**

Mailing Address  
**415 MORNING GLORY DRIVE  
LAKE MARY FL 32746**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**301 W. 1st Street**

3. Mailing Address  
**301 W. 1st St.**

Suite, Apt. #, etc.  
**Sanford FL**

Suite, Apt. #, etc.

City & State  
**32771 Sanford FL**

4. FEI Number  
**320051689**

Applied For  
 Not Applicable

Zip  
**32771**

Country  
**Seminole**

Zip  
**32771**

Country  
**Seminole**

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

**BARFIELD, CHARLES A Z  
2111 E MICHIGAN STREET, STE 202  
ORLANDO FL 32806**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>D. MITCHELL TYRONE</b>		NAME	
STREET ADDRESS <b>415 MORNING GLORY DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAKE MARY FL 32746</b>		CITY-ST-ZIP	
NAME <b>D. MITCHELL, EARNESTINE D</b>		NAME	
STREET ADDRESS <b>415 MORNING GLORY DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAKE MARY FL 32746</b>		CITY-ST-ZIP	
NAME <b>D. MITCHELL, DOROTHY</b>		NAME	
STREET ADDRESS <b>415 MORNING GLORY DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>LAKE MARY FL 32746</b>		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Tyrone Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-03 407-322-6775**  
Date Daytime Phone #

CR2E034 (10/02)