

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED** ATX1  
**Apr 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P040000002380
<b>1. Entity Name</b> DAVID MITCHELL, INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 2030 CASCADES BLVD. APT. 106 Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2030 CASCADES BLVD. Suite, Apt. #, etc. APT 106	
<b>City &amp; State</b> KISSIMMEE, FL	<b>City &amp; State</b> KISSIMMEE, FL	<b>4. FEI Number</b> 20-0532156	<b>Applied For</b> Not Applicable
<b>Zip</b> 34741	<b>Country</b> U.S.A.	<b>Zip</b> 34741	<b>Country</b> U.S.A.

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> DAVID MITCHELL	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 2030 CASCADES BLVD.	
<b>City</b> KISSIMMEE	<b>State</b> FL
<b>Zip Code</b> 34741	

**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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11.	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID MITCHELL 2030 CASCADES BLVD. KISSIMMEE, FL 34741	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	U0000003000025 04/12/05-80004-010 150.00
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*David Mitchell* DAVID MITCHELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/8/05

Daytime Phone #