

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90129 036 ***150.00

DOCUMENT # P92000001865

1. Entity Name

B. AND A. MITCHELL ENTERPRISES, INC.



Principal Place of Business

1810 SE FIRST ST
CAPE CORAL FL 33990

Mailing Address

1810 SE FIRST ST
CAPE CORAL FL 33990

2. Principal Place of Business

2211 SE 15th ST
Suite, Apt. #, etc.

3. Mailing Address

2211 SE 15th ST
Suite, Apt. #, etc.

City & State

CAPE CORAL, FL.

City & State

CAPE CORAL, FL.

Zip

33990

Country

US.

Zip

33990

Country

US

4. FEI Number

65-0372621

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

CHERNIN, ANGELA M

1810 SE FIRST ST

CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name

Chernin, Angela M

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

2211 SE 15th ST

City

CAPE CORAL

FL

Zip Code

33990

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

Angela Chernin

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

(NOTE: Registered Agent signature required when reinstating)

3-18-03

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	PD	<input type="checkbox"/> Delete
NAME	CHERNIN, ANGELA M	
STREET ADDRESS	1810 SE FIRST STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHERNIN, MARK	
STREET ADDRESS	1810 SE FIRST ST	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERNIN, ANGELA M	Address
STREET ADDRESS	2211 SE 15 th ST.	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERNIN, MARK	Address
STREET ADDRESS	2211 SE 15 th ST.	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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:

Angela Chernin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03 (239) 772-2453

Date

Daytime Phone #