

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017813

1. Entity Name

MITCHELL & GRAHAM, INC.

Principal Place of Business

6220 MANATEE AVE W #302
BRADENTON FL 34209
US

Mailing Address

6220 MANATEE AVE W #302
BRADENTON FL 34209-2362
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3314974

Applied For

Not Applicable

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

GRAHAM, JAMES E
2148 SADLER ROAD
AMELIA ISLAND FL 32034

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	GRAHAM, JAMES E	1927 S 14TH ST	AMELIA ISLAND FL 32034				
D	MITCHELL, URBAN G	2840 W BAY DRIVE, #110	BELLEAIR BLUFFS FL 34640				
D	GRAHAM, BARBARA D	1927 S 14TH ST	AMELIA ISLAND FL 32034				
D	MITCHELL, JANET M	2840 W BAY DRIVE, #110	BELLEAIR BLUFFS FL 34640				

13. 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 11 or Block 12 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

Date

Daytime Phone #

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90029 027 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)