

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90270 032 ***150.00

DOCUMENT # P95000058916

1. Entity Name
MITCHELL PROJECT MANAGEMENT, INC.



Principal Place of Business
**4500 140TH AVE N
STE 121
CLEARWATER FL 33762
US**

Mailing Address
**4500 140TH AVE N
STE 121
CLEARWATER FL 33762
US**



2. Principal Place of Business

**305 BEAR RIDGE CIR
SUITE 101**

3. Mailing Address

**305 BEAR RIDGE CIRCLE
SUITE 101**

☐ CHECK HERE IF MAKING CHANGES

City & State
PALM HARBOR FL

City & State
PALM HARBOR FL

4. FEI Number **59-3235190**

Applied For
Not Applicable

Zip Country
34683 PINELLAS

Zip Country
34683 PINELLAS

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MITCHELL, MICHAEL S
125 ARBOR DRIVE WEST
PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name **MICHAEL S MITCHELL**
Street Address (P.O. Box Number is Not Acceptable)
**305 BEAR RIDGE CIRCLE
SUITE 101**
City **PALM HARBOR FL** Zip Code **34683**

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 **PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE **4-18-03**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, MICHAEL S. 125 ARBOR DR WEST PALM HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DRENNER, RICHARD C 55616 BIG RIVER DRIVE SUN RIVER OR 97707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MARGON, WENDY L 116 COLONY SOUTH DR TARPON SPRINGS FL 33762	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL S MITCHELL

Date

Daytime Phone #

4/16/03 727-786-2534

CR2E034 (10/02)