2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P96000032031

1. Entity Name

SRJ MITCHELL CORPORATION, INC.



FILED Feb 06, 2003 8:00 am Secretary of State

02-06-2003 90111 036 ***150.00

Principal Place of Business 912 HOLOMA DRIVE VERO BEACH FL 32963		Mailing Address 912 HOLOMA DRIVE VERO BEACH FL 329					
2. Principal Place of Business		3. Mailing Address)	# 1515# \$1811 #610# \$15#\$ \$1#1 10#	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 65-0677417	Applied For Not Applicable	
Zip .	Country	Zip	Count	ry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Nan	e and Address of Curi	ent Registered Agent	يسوه م المحرية		7. Name and Address of New Registered	Agent	
MITCHELL, ROBERT L 912 HOLOMA DRIVE VERO BEACH FL 32963		*.	₩.		Name Street Address (P.O. Box Number is Not Acceptable)		
				City	FI	Zip Code	
The above named ent the obligations of regions SIGNATURE	ity submits this stateme stered agent.	nt for the purpose of changin	g its registere	d office or registere	ed agent, or both, in the State of Florida. I am	familiar with, and accept	
	id or printed name of registered a	gent and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				71111	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 ☐ Delete TITLE ☐ Addition ☐ Change MITCHELL, ROBERT L NAME STREET ADDRESS 912 HOLOMA DRIVE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATCHELL PRES. 3/1/0

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