

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 30 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000041409

1. Entity Name  
Mitts & Company Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5934 Bent Pine Drive  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 487  
Suite, Apt. #, etc.

REINSTATEMENT 98-03

DO NOT WRITE IN THIS SPACE

Apt. 339  
City & State  
Orlando, FL  
Zip  
32822  
Country  
USA  
City & State  
Nanuet, NY  
Zip  
10954  
Country  
USA  
4. FEI Number  
593549009  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
Timothy Jon Mitts  
Street Address (P.O. Box Number is Not Acceptable)  
5934 Bent Pine Drive  
City  
Orlando  
FL  
Zip Code  
32822

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-03

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

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

TITLE President  
NAME Timothy Jon Mitts  
STREET ADDRESS 5934 Bent Pine Drive  
CITY - ST - ZIP Orlando, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

200011158472  
01/29/03--01026--009 \*\*1508.75

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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 on an attachment with an address, with all other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-03 (845) 732-8150

# Mitts & Company, Inc

845.732.8150

Certified Practitioner of Taxation -- National Society of Accountants

888.732.8150

January 21, 2003

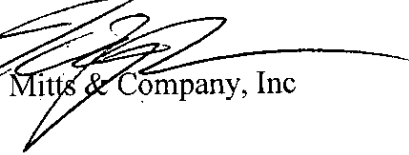
Other Correspondence Address  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Mitts & Company, Inc  
P.O. Box 487  
Nanuet, NY 10954

To Whom It May Concern:

We have not received the annual report to be filed.

Sincerely,



Mitts & Company, Inc