

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062110

1. Entity Name

N. MITCHELL & ASSOCIATES, P.A.

FILED

Mar 09, 2001 8:00 am  
Secretary of State

03-09-2001 90014 028 \*\*\*158.75

Principal Place of Business

~~8903 REGENTS PARK DRIVE  
SUITE 140  
TAMPA FL 33647~~

Mailing Address

~~8903 REGENTS PARK DRIVE  
SUITE 140  
TAMPA FL 33647~~

2. Principal Place of Business

15310 AMBERLY DRIVE

Suite, Apt. #, etc.

SUITE 250-20

City & State

TAMPA, FL

Zip

33647

Country

USA

3. Mailing Address

15310 AMBERLY DRIVE

Suite, Apt. #, etc.

SUITE 250-20

City & State

TAMPA, FL

Zip

33647

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3524059

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~MITCHELL, NANCY  
8903 REGENTS PARK DRIVE  
TAMPA FL 33647~~

7. Name and Address of New Registered Agent

Name

NANCY M. MITCHELL

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

15310 AMBERLY DRIVE, SUITE 250-20

City

TAMPA

FL

Zip Code

33647

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

*N. Mitchell*

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

(NOTE: Registered Agent signature required when reinstating)

3/06/01  
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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, NANCY M	
STREET ADDRESS	16105 CADBURY COURT	
CITY-ST-ZIP	TAMPA FL 33647	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	

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:

*N. Mitchell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY M. MITCHELL 3/06/01  
Date

813/978-1814  
Daytime Phone #

CR2E034 (10/00)