

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081451

1. Entity Name

MITCHELL SALES CONSULTANTS, INC.

Principal Place of Business

82242 OVERSEAS HIGHWAY  
ISLAMORADA FL 33036  
US

Mailing Address

BOX 845  
ISLAMORADA FL 33036  
US

2. Principal Place of Business

82242 Overseas Hwy

3. Mailing Address

Box 845

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ISLAMORADA, FL

City & State

ISLAMORADA, FL

Zip

33036

Country

USA.

Zip

33036

Country

USA

4. FEI Number

65-0365690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, ROBERT L  
82242 OVERSEAS HIGHWAY  
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

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

*Robert L Mitchell* ROBERT L MITCHELL 1-4-01

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, 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	PD	<input type="checkbox"/> Delete
NAME	MITCHELL, ROBERT L	
STREET ADDRESS	BOX 845	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MITCHELL, ROBERT L	
STREET ADDRESS	BOX 845	
CITY-ST-ZIP	ISLAMORADA FL 33036	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert L Mitchell* ROBERT L MITCHELL 1-4-01 305 664 3767

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90094 007 \*\*\*150.00

00003700



DO NOT WRITE IN THIS SPACE

0117987

CR2E034 (10/00)