

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088485

1. Entity Name

ELLEN MITCHEL BITHELL, P.A.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90192 039 \*\*\*150.00

701962



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3339 HARDING ST  
HOLLYWOOD FL 33021

3339 HARDING ST  
HOLLYWOOD FL 33021-4835

2. Principal Place of Business

3. Mailing Address

1939 Hollywood Blvd  
Suite, Apt. #, etc.

1939 Hollywood Blvd  
Suite, Apt. #, etc.

City & State

City & State

Hollywood FL

Hollywood FL

Zip  
33020

Country

USA

Zip

33020

Country

USA

4. FEI Number

65-0869728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CREAGER, DUNCAN  
1949 PIERCE ST  
HOLLYWOOD FL 33020

Name

Ellen M Bithell  
Street Address (P.O. Box Number is Not Acceptable)  
1939 Hollywood Blvd.

City

Hollywood

FL

Zip Code

33020

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

Ellen M Bithell Ellen M Bithell

1/10/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHEL BITHELL, ELLEN	
STREET ADDRESS	3339 HARDING ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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:

Ellen M Bithell Ellen M Bithell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
1/10/00 954 923 1425

CR2E034 (9/99)