

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90068 001 ***150.00

DOCUMENT # P99000006819

1. Entity Name

MITCHELL KING, INC.

Principal Place of Business

Mailing Address

3505 US 1 SOUTH
ST. AUGUSTINE FL 32086

3505 US 1 SOUTH
ST. AUGUSTINE FL 32086-6492

2. Principal Place of Business

3541 RED CLOUD TRAIL

3. Mailing Address

3541 RED CLOUD TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

4. FEI Number

59-3619183

Applied For

Not Applicable

Zip

32086

Country

USA

Zip

32086

Country

USA

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

RING, JULIE

3505 US 1 SOUTH

ST. AUGUSTINE FL 32086

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

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

TITLE ☐ Delete
NAME KING, KATHLEEN M
STREET ADDRESS 11 SAN JOSE DRIVE
CITY-ST-ZIP PALM COAST FL 32137

TITLE ☐ Delete
NAME MITCHELL, ELEANOR
STREET ADDRESS 3541 RED CLOUD TRAIL
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE ☐ Delete
NAME KING, GREGORY C
STREET ADDRESS 11 SAN JOSE DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE ☐ Delete
NAME MITCHELL, GRANT C.
STREET ADDRESS 3541 RED CLOUD TRAIL
CITY-ST-ZIP ST. AUGUSTINE, FL 32086

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME VSD KING, GREGORY C.
STREET ADDRESS 11 SAN JOSE DRIVE
CITY-ST-ZIP PALM COAST, FL 32137

TITLE ☒ Change ☐ Addition
NAME PTD MITCHELL, GRANT C.
STREET ADDRESS 3541 RED CLOUD TRAIL
CITY-ST-ZIP ST AUGUSTINE, FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

GRANT C. MITCHELL PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-27-00

904 797 8600