

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030518

1. Entity Name

MITECH SYSTEMS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90329 042 ***150.00

Principal Place of Business

Mailing Address

599 CELEBRATION PLACE, SUITE F
CELEBRATION FL 34747

599 CELEBRATION PLACE, SUITE F
CELEBRATION FL 34747-4943

2. Principal Place of Business

599 Celebration Place

3. Mailing Address

599 Celebration Place

Suite, Apt. #, etc.

Suite F

Suite, Apt. #, etc.

Suite F

City & State

Celebration, FL

City & State

Celebration, FL

Zip

34747

Country

USA

Zip

34747

Country

USA

4. FEI Number

59-3568863

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

WHITMER, TARRI
13748 CALLE DE ORA COURT
CLERMONT FL 34711

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P Tony Whitmer
STREET ADDRESS	13748 Calle De Ora Ct
CITY-ST-ZIP	Clermont, FL 34711
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V Neil Pullen
STREET ADDRESS	3111 Dillman Dr
CITY-ST-ZIP	St. Cloud, FL 34769
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST Tarr Whitmer
STREET ADDRESS	13748 Calle De Ora Ct
CITY-ST-ZIP	Clermont, FL 34711
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: Tarri L. Whitmer 3/30/00 407-566-3205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)