

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90173 004 \*\*\*150.00

DOCUMENT # P99000074426

1. Entity Name

MITCHELL ENTERPRISES K.W. INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

21 BOCA CHICA RD.

3. Mailing Address

21 BOCA CHICA RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KEY WEST, FL

City & State

KEY WEST, FL

4. FEI Number

05-0943935

Applied For

Not Applicable

Zip

33040

Country

MONROE

Zip

33040

Country

MONROE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

STANLEY A. MITCHELL

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

21 BOCA CHICA RD.

City

KEY WEST

FL

Zip Code

33040

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STANLEY A. MITCHELL
STREET ADDRESS	21 BOCA CHICA RD.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	V
NAME	JUDITH A. MITCHELL
STREET ADDRESS	21 BOCA CHICA RD.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley A. Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/03 305-296-7655

Date

Daytime Phone #

CR2E034B (12/02)