

2000 UNIFORM BUSINESS REPORT (UBR)

2/4/00-90076-020-\$150.00-\$150.00

DOCUMENT # P99000079878

1. Entity Name

MITCHELL'S FLOORING SERVICE, INC.

FILED

00 MAR -8 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5666 SE SAILFISH WAY STUART FL 34997	Mailing Address 5666 SE SAILFISH WAY STUART FL 34997-2459
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2. Principal Place of Business 5666 SE Sailfish Way	3. Mailing Address SAME
Suite, Apt. #, etc. ST	Suite, Apt. #, etc.

City & State STUART FL	City & State
Zip 34997	Country MARTIN

FEI Number 65-0946311	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TEARDO PINZ, BETH 1100 S FEDERAL HIGHWAY STUART FL 34997

7. Name and Address of New Registered Agent Name: Carol Mitchell Street Address (P.O. Box Number is NOT Acceptable): 5666 SE Sailfish Way City: Stuart FL Zip Code: 34997
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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: Carol Mitchell Signature, typed or printed name of registered agent and title if applicable. DATE: 3/1/00 (NOTE: Registered Agent signature required when reinstating)

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
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEARDO PINZ, BETH 5666 SE SAILFISH WAY STUART FL 34997 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wm F Mitchell 5666 SE Sailfish Way STUART FL 34997 President ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carol Mitchell 5666 SE SAILFISH WAY STUART, FL 34997 Secretary ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: <u>Carol Mitchell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: <u>1/27/00</u> Daytime Phone #: <u>5617817704</u>

CR2EC34 (9/99)