

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED

May 24, 2000 8:00 am  
Secretary of State

04-21-2000 90034 016 \*\*\*150.00

DOCUMENT # P99000082491

1. Entity Name

ANCIENT ARCHIVES INCORPORATED

Principal Place of Business

138 DEER LAKE CIRCLE  
ORMOND BEACH FL 32174

Mailing Address

138 DEER LAKE CIRCLE  
ORMOND BEACH FL 32174-4275

2. Principal Place of Business

826 A1A Beach Blvd.

Suite, Apt. #, etc.

Unit # 41

City &amp; State

St. Augustine Beach, FL

Zip

32084

Country

USA

3. Mailing Address

826 A1A Beach Blvd.

Suite, Apt. #, etc.

Unit # 41

City &amp; State

St. Augustine Beach, FL

Zip

32084

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3599286

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, MICHAEL  
138 DEER LAKE CIRCLE  
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

Michael Mitchell

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

826 A1A Beach Blvd

Unit # 41

City

St. Augustine Beach

FL

Zip Code

32084

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

*Michael Mitchell*, President

1/16/00

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Michael Mitchell	
STREET ADDRESS	826 A1A Beach Blvd. #41	
CITY-ST-ZIP	St. Augustine Beach, FL 32084	

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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandy Robinson	
STREET ADDRESS	826 A1A Beach Blvd. #41	
CITY-ST-ZIP	St. Augustine Beach, FL 32084	

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		

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:

*Michael Mitchell* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/00

Date

904-971-9671

Daytime Phone #

CR2E034 (9/99)