

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-01-2001 90058 004 ***150.00

DOCUMENT # P99000085423

1. Entity Name

TAMMY MITCHELL, INC.

Principal Place of Business

Mailing Address

5700 NORTHWEST 2ND AVENUE SUITE 103
BOCA RATON FL 33487

5700 NORTHWEST 2ND AVENUE SUITE 103
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0949057

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

KLUSTON, TODD W
8211 WEST BROWARD BLVD., SUITE 375
PLANTATION FL 33324

Name **Tammy Mitchell**

Street Address (P.O. Box Number is Not Acceptable) **5700 NW 2 Ave Suite 103**

City **Boca Raton**

FL

Zip Code **33487**

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

X Tammy K. Mitchell

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

(NOTE: Registered Agent signature required when reinstating)

1/31/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, TAMMY 5700 NORTHWEST 2ND AVENUE SUITE 103 BOCA RATON FL 33487	<input type="checkbox"/> Delete
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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:

X Tammy K. Mitchell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01

Date

Daytime Phone #

CR2E034 (10/00)