

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094589

1. Entity Name

MITCHEM ENTERPRISES, INC.

FILED

Mar 28, 2000 8:00 am  
Secretary of State

03-28-2000 90100 008 \*\*\*158.75

Principal Place of Business

Mailing Address

~~1123 DUNNIRE ST~~ 24 E. JOHNSON  
PENSACOLA FL ~~32504~~ 32534

~~1123 DUNNIRE ST~~ 1440 FAIRCHILD  
PENSACOLA FL 32504-6563 ST.

2. Principal Place of Business

3. Mailing Address

24 E. JOHNSON Ave.

1440 FAIRCHILD ST 32504

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

PENSACOLA FL

Zip 32534

Country

ESCAMBIA

Zip

32504

Country

ESCAMBIA

4. FEI Number

59-3618247

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

MITCHEM, JACK

~~1123 DUNNIRE ST~~ 1440 FAIRCHILD ST  
PENSACOLA FL 32504

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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 an other like empowered.

SIGNATURE: JACK MITCHEM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 MAR 2000

Date

850-434-1814

Daytime Phone #