

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107979

1. Entity Name

W. CRAIG MITTS & ASSOCIATES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90313 006 ***150.00

Principal Place of Business C/O CAROL MCATEE 5156 CENTRAL AVE. ST. PETERSBURG FL 33707	Mailing Address C/O CAROL MCATEE 5156 CENTRAL AVE. ST. PETERSBURG FL 33707
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2. Principal Place of Business 8613 Pinetree Dr.	3. Mailing Address Suite, Apt. #, etc.
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City & State Seminole, FL	City & State
Zip 33772	Country Pinellas

4. FEI Number 59-3615048	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCATEE, CAROL
 5156 CENTRAL AVE.
 ST. PETERSBURG FL 33707

Name
 W. Craig Mitts
 Street Address (P.O. Box Number is Not Acceptable)
 8613 Pinetree Dr.
 City
 Seminole FL Zip Code
 33772

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 W. Craig Mitts, President DATE 4/29/00
Signature, typed or printed name of registered agent and title if applicable. (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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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: W. Craig Mitts DATE 4/29/00 727-393-9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)