

FILED
Jul 11, 2002 8:00 am
Secretary of State

06-27-2002 90523 005 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **531781**

1. Entity Name

MITCHELL TRANSPORTATION MANAGEMENT INC.

96976

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9516 E. M L KING BLVD

Suite, Apt. #, etc.

3. Mailing Address

9516 E. M L KING BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA FLCity & State
TAMPA FL

4. FEL Number

59-3049590

Applied For

Not Applicable

Zip
33610Country
U.S.Zip
33610Country
U.S.5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
JERRY A. MITCHELLStreet Address (P.O. Box Number is Not Acceptable)
9516 E. M L KING BLVDCity
TAMPA

FL

Zip Code
33610**DO NOT WRITE IN THIS SPACE**

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 filer if applicable

(NOTE: Registered Agent signature required when necessary)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐January 1 to May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JERRY A. MITCHELL 9516 E. M L KING BLVD TAMPA FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like information.

SIGNATURE:

Typed, printed or printed name of signing officer or director

6/20/02

(813)621-0099

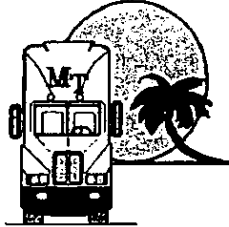
Date

Signature Phone #

CR2E034B (12/01)

Attachment Mitchell Transport

Driven by a Higher Standard...



Tampa, Florida

June 20, 2002

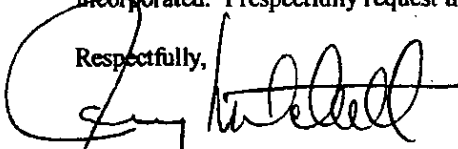
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Madam/Sir,

Enclosed, please find the 2002 Uniform Business Reports for our three corporations. We recently lost our previous controller and during the loss of one and the replacement by another, the forms mailed to us by your department were somehow lost, destroyed or misplaced. Due to this, the deadline for filing was missed and was brought to our attention by our external CPA.

We have gone online and downloaded the forms for the three corporations and are submitting them with this letter. To my knowledge this is the first time we have been late during the many years we have been incorporated. I respectfully request that the penalty for late filing be waived.

Respectfully,


Jerry Mitchell, President
C.W. Mitchell, Inc.
Mitchell Transportation Management, Inc.
Mitchell Institute of Trucking, Inc.