

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90201 006 ***150.00

DOCUMENT # S31781

1. Entity Name
MITCHELL TRANSPORTATION MANAGEMENT INC.



Principal Place of Business
9516 E MARTIN LUTHER KING BLVD
TAMPA FL 33610
US

Mailing Address
9516 E MARTIN LUTHER KING BLVD
TAMPA FL 33610
US

2. Principal Place of Business
899 OAK Hollow PI
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 2448
Suite, Apt. #, etc.

City & State
BRANDON

City & State
FL

4. FEI Number 59-3049590

Applied For
Not Applicable

Zip 33510
Country USA

Zip 33509-2448
Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MITCHELL, JERRY A.
9516 E MARTIN LUTHER KING BLVD
TAMPA FL 33610

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
899 OAK Hollow PLACE
City BRANDON **FL** **Zip Code** 33510

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, JERRY A. 9516 E MARTIN LUTHER KING BLVD TAMPA FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/03 (813) 685-0808

0068690
FP

CR2E034 (10/02)