

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90036 003 ***158.75

DOCUMENT # S45909

1. Entity Name

R. GLEN MITCHELL & ASSOCIATES, INC.

Principal Place of Business

**1515 SAN MARCO BLVD.
JACKSONVILLE FL 32207**

Mailing Address

**1515 SAN MARCO BLVD.
JACKSONVILLE FL 32207**

2. Principal Place of Business

3. Mailing Address

218 North Broad St. 218 North Broad St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

4. FEI Number

59-3064559

Applied For

Not Applicable

Zip

Country

32202 USA

Zip

Country

32202 USA

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

MITCHELL, R. GLEN**1515 SAN MARCO BLVD.
JACKSONVILLE FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

218 North Broad St

City

Jacksonville**FL**

Zip Code

32202

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

21 FEB 20029. 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, 2002 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	<input type="checkbox"/> Delete
	P MITCHELL, R. GLEN	108 JANELLE LANE	JACKSONVILLE FL 32211	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 all like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. GLEN MITCHELL, PRES

Date

21 FEB 2002

Daytime Phone #

904/396-9665

CR2E034 (9/01)