

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90039 004 ***150.00

DOCUMENT # V48460

1. Entity Name

MITCHELL INVESTMENTS, INC.

Principal Place of Business

5035 E. BUSCH BLVD SUITE 4
 TAMPA FL 33617
 US

Mailing Address

5035 E. BUSCH BLVD SUITE 4
 TAMPA FL 33617
 US

2. Principal Place of Business

11812B N. 56th St.

Suite, Apt. #, etc.

3. Mailing Address

11812B N. 56th St.

Suite, Apt. #, etc.

City & State

Temple Terrace, FL

Zip

33617

Country

USA

City & State

Temple Terrace, FL

Zip

33617

Country

USA

6. Name and Address of Current Registered Agent

MITCHELL, JAMES DALE, SR.
5035 E. BUSCH BLVD SUITE 4
TAMPA FL 33617

4. FEI Number

59-3137307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

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

James D. Mitchell **James D. Mitchell**

4-27-01

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

(NOTE: Registered Agent's 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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MITCHELL, JAMES DALE, SR	
STREET ADDRESS	5035 E. BUSCH BLVD SUITE 4	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MITCHELL, JAMES DALE, JR	
STREET ADDRESS	12507 RAIN FOREST ST.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE	S	<input type="checkbox"/> Delete
NAME	MITCHELL, KATHERINE	
STREET ADDRESS	12507 RAIN FOREST ST.	
CITY-ST-ZIP	TEMPLE TERRACE FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11812B N. 56th St	
STREET ADDRESS	Temple Terrace, FL	
CITY-ST-ZIP	33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

James D. Mitchell **James D. Mitchell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813985-9855

CR2E034 (10/00)