

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000036462

Entity Name: UBREAKIFIX CO

**Current Principal Place of Business:**

2121 S. HIAWASSEE RD.  
STE 120  
ORLANDO, FL 32835

**FILED**  
**Mar 23, 2021**  
**Secretary of State**  
**8845557697CC**

**Current Mailing Address:**

648 GRASSMERE PARK, SUITE 100  
NASHVILLE, TN 37211 US

FEI Number: 26-4792144

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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: LISA DUBOIS

03/23/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           WETHERILL, JUSTIN  
Address        200 S ORANGE AVE, SUITE 200  
City-State-Zip: ORLANDO FL 32801

Title           VP, CFO, AND DIRECTOR  
Name           STOREY, JOHN  
Address        648 GRASSMERE PARK, SUITE 100  
City-State-Zip: NASHVILLE TN 37211

Title           VP OF FINANCE & TREASURER  
Name           REAGAN, WILLARD  
Address        648 GRASSMERE PARK, SUITE 100  
City-State-Zip: NASHVILLE TN 37211

Title           VP & SECRETARY  
Name           PURYEAR, GUSTAVUS IV  
Address        648 GRASSMERE PARK, SUITE 100  
City-State-Zip: NASHVILLE TN 37211

Title           CEO & DIRECTOR  
Name           DETTER, ROGER  
Address        160 BOVET RD, SUITE 402  
City-State-Zip: SAN MATEO CA 94402

Title           CHAIRMAN  
Name           TAWHEEL, KEVIN  
Address        160 BOVET RD, STE 402  
City-State-Zip: SAN MATEO CA 94402

Title           VP & ASST TREASURER  
Name           ALEXANDER, ELIZABETH  
Address        648 GRASSMERE PARK, SUITE 100  
City-State-Zip: NASHVILLE TN 37211

Title           ASST TREASURER  
Name           EBERSBERGER, HEATHER  
Address        648 GRASSMERE PARK, SUITE 100  
City-State-Zip: NASHVILLE TN 37211

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: ELIZABETH ALEXANDER

VP & ASST. TREASURER

03/23/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST SECRETARY  
Name GAUL, KRISTEN  
Address 648 GRASSMERE PARK, SUITE 100  
City-State-Zip: NASHVILLE TN 37211