2022 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

Current Mailing Address:

140 11TH AVE N ATTN: LICENSING DEPT. NASHVILLE, TN 37203 US

FEI Number: 26-4792144

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 nurnose of changing its registered office or registered agent, or both, in the State of Florida

The above name	d entity submits this statement for the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of F	lorida.
SIGNATURE	E: LISA DUBOIS			02/23/2022
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP, CFO, AND DIRECTOR	
Name	WETHERILL, JUSTIN	Name	STOREY, JOHN	
Address	200 S ORANGE AVE, SUITE 200	Address	140 11TH AVE N ATTN: LICENSING DEPT.	
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:		
Title	VP OF FINANCE & TREASURER	Title	VP & SECRETARY	
Name	REAGAN, WILLARD	Name	PURYEAR, GUSTAVUS IV	
Address	140 11TH AVE N ATTN: LICENSING DEPT.	Address	140 11TH AVE N ATTN: LICENSING DEPT.	
City-State-Zip:	NASHVILLE TN 37203	City-State-Zip:		
Title	CEO & DIRECTOR	Title	CHAIRMAN	
Name	DETTER, ROGER	Name	TAWEEL, KEVIN	
Address	160 BOVET RD, SUITE 402	Address	160 BOVET RD, STE 402	
City-State-Zip:	SAN MATEO CA 94402	City-State-Zip:	SAN MATEO CA 94402	
Title	VP & ASST TREASURER	Title	ASST TREASURER	
Name	ALEXANDER, ELIZABETH	Name	EBERSBERGER, HEATHER	
Address	140 11TH AVE N ATTN: LICENSING DEPT.	Address	140 11TH AVE N ATTN: LICENSING DEPT.	
City-State-Zip:	NASHVILLE TN 37203	City-State-Zip:		

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DIRECTOR

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: JOHN A STOREY

Electronic Signature of Signing Officer/Director Detail

FILED Feb 23, 2022 Secretary of State 9368612682CC

Certificate of Status Desired: No

02/23/2022 Date

Officer/Director Detail Continued :

Title	ASST SECRETARY
Name	GAUL, KRISTEN
Address	140 11TH AVE N ATTN: LICENSING DEPT.
City-State-Zip:	NASHVILLE TN 37203