

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000100691

Entity Name: UBREAKIFIX HOLDINGS CO**Current Principal Place of Business:**2121 S. HIAWASSEE RD
STE 120
ORLANDO, FL 32835**Current Mailing Address:**2121 S. HIAWASSEE RD
STE 120
ORLANDO, FL 32835 US**FEI Number:** 82-4465788**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name WETHERILL, JUSTIN M
Address 200 SOUTH ORANGE AVENUE, SUITE
 200
City-State-Zip: ORLANDO FL 32801

Title SENIOR VICE PRESIDENT, CFO,
 DIRECTOR
Name JOHN, STOREY A.
Address 648 GRASSMERE PARK
 SUITE 100
City-State-Zip: NASHVILLE TN 37211

Title SENIOR VICE PRESIDENT OF
 FINANCE, TREASURER
Name REAGAN, WILLARD
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

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

Title CHAIRMAN
Name Taweel, Kevin
Address 160 BOVET RD.
 SUITE 402
City-State-Zip: SAN MATEO CA 94402

Title SENIOR VICE PRESIDENT, GENERAL
 COUNSEL, SECRETARY
Name PURYEAR, GUSTAVUS A. IV
Address 648 GRASSMERE PARK
 SUITE 100
City-State-Zip: NASHVILLE TN 37211

Title VP, ASST. TREASURER
Name ALEXANDER, ELIZABETH
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 ALEXANDERVP AND 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