

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002277

1. Entity Name

FIXIT NATIONAL INSTALL SERVICES, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90102 034 \*\*\*150.00

Principal Place of Business Mailing Address  
807 PARSONS AVE. 807 PARSONS AVE.  
COLUMBUS OH 43206 COLUMBUS OH 43206-2345

2. Principal Place of Business

3494 SW 74th Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

Suite, Apt. #, etc.

Bay B

City & State

Ocala FL

Zip

34474

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

31-1351629

Applied For

Not Applicable

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

YOCKEY, SANDRA L  
3494 SW 74TH AVE. B  
OCALA FL 34476

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

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

(NOTE: Registered Agent 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, 2000 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 PC  
NAME LEVI, KELLEY JO  
STREET ADDRESS 2256 MEDFORD PLACE  
CITY-ST-ZIP COLUMBUS OH 43209 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV  
NAME LEVI, STEVEN  
STREET ADDRESS 2256 MEDFORD PLACE  
CITY-ST-ZIP COLUMBUS OH 43209 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TSD  
NAME GIRT, JOYCE  
STREET ADDRESS 6774 PAUL ROAD  
CITY-ST-ZIP WESTERVILLE OH 43082 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-600 614-443-0058

CR2E034 (9/99)