

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90324 007 \*\*\*150.00

**DOCUMENT # F99000002277**  
 1. Entity Name  
**FIXZIT NATIONAL INSTALL SERVICES, INC.**

Principal Place of Business <b>3494 SW 14TH AVE          BAY B          OCALA FL 34474</b>	Mailing Address <b>807 PARSONS AVE.          COLUMBUS OH 43206</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7355 S.W. 38th St</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite 106</b>	Suite, Apt. #, etc.
City & State <b>Ocala FL</b>	City & State
Zip <b>34474</b>	Country <b>USA</b>

4. FEI Number <b>31-1351629</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**YOCKEY, SANDRA L  
 3494 SW 74TH AVE. B  
 OCALA FL 34476**

7. Name and Address of New Registered Agent  
 Name **Same**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7355 S.W. 38th St**  
**Suite 106**  
 City **Ocala FL** Zip Code **34474**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PC LEVI, KELLEY JO 2256 MEDFORD PLACE COLUMBUS OH 43209</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV LEVI, STEVEN 2256 MEDFORD PLACE COLUMBUS OH 43209</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD GIRT, JOYCE 6774 PAUL ROAD WESTERVILLE OH 43082</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Joyce Girt **Joyce Girt** 3/27/01 (614)443-0038  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)