

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

FIXIT NATIONAL INSTALL SERVICES, INC.

Principal Place of Business

Mailing Address

**3494 SW 14TH AVE
BAY B
OCALA FL 34474****807 PARSONS AVE.
COLUMBUS OH 43206**

2. Principal Place of Business

3. Mailing Address

7355 S.W. 38th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 106

City & State

City & State

Ocala FL

Zip

Country

Zip

Country

34474 USA4. 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 **Same**

Street Address (P.O. Box Number is Not Acceptable)

7355 SW. 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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PC**
STREET ADDRESS **LEVI, KELLEY JO**
CITY-ST-ZIP **2256 MEDFORD PLACE
COLUMBUS OH 43209**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DV**
STREET ADDRESS **LEVI, STEVEN**
CITY-ST-ZIP **2256 MEDFORD PLACE
COLUMBUS OH 43209**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **TSD**
STREET ADDRESS **GIRT, JOYCE**
CITY-ST-ZIP **6774 PAUL ROAD
WESTERVILLE OH 43082**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joyce Girt

Date

Daytime Phone #

3/27/01 (614)443-0038

CR2E034 (10/00)