

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90043 001 \*\*\*150.00

**DOCUMENT # H25204**

1. Entity Name

**FIXATIRE, INCORPORATED**

Principal Place of Business

Mailing Address

1323 20TH AVE. EAST  
 PALMETTO FL 34221  
 US

1323 20TH AVE. EAST  
 PALMETTO FL 34221  
 US

2. Principal Place of Business

3. Mailing Address

2420 US Hwy 301 N  
 Suite, Apt. #, etc.

2420 US Hwy 301 N  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Ellenton, FL

Ellenton, FL

4. FEI Number

59-2460082

Applied For

Not Applicable

Zip

Country

Zip

Country

34222

Manatee

34222

Manatee

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

JACKSON, JOHN  
 1323 20TH AVE. EAST  
 PALMETTO FL 34221

Name

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

2420 US Hwy 301 N

City

Ellenton

FL

Zip Code

34222

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 PD  
 NAME JACKSON, JOHN  
 STREET ADDRESS 1323 20TH AVENUE EAST  
 CITY-ST-ZIP PALMETTO FL

☐ Delete

TITLE PD  
 NAME John Jackson  
 STREET ADDRESS 2420 US Hwy 301 N  
 CITY-ST-ZIP Ellenton, FL 34222

☐ 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  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change ☐ Addition

TITLE  
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 CITY-ST-ZIP

☐ Delete

TITLE  
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 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:**

John Jackson - President 1.25.01 941.729.6596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0544285