2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90128 028 ***150.00

DOCUMENT # J55547

1. Entity Name

JERRY FIXEL, INC.

Principal Place of Business	Mailing Address
% JACOB FIXEL 11839 BRADY RD JACKSONVILLE FL 32223	% JACOB FIXEL 11839 BRADY RD JACKSONVILLE FL 32223-1851

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o MICHAEL FIXEL	c/o MICHAEL FIXEL
Suite, Apt. #, etc.: 540 FRUIT COVE RD	Suite, Apt. #, etc.: 540 FRUIT COVE RD
City & State: JAX FL	City & State: JAX FL
Zip: 32259 Country: ST JOHNS	Zip: 32259 Country: ST JOHNS

4. FEI Number 59-2757579 ☐ 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
FIXEL, JACOB 11839 BRADY RD. JACKSONVILLE FL 32223	Name: Michael Fixel Street Address (P.O. Box Number is Not Acceptable): 540 Fruit Cove Rd City: Jax Fl 32259 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] MICHAEL FIXEL - PRES. 4/24/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FIXEL, JACOB 11839 BRADY RD JACKSONVILLE FL 32223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D/T ~~PRES~~ FIXEL, MICHAEL 540 Fruit Cove Rd Jacksonville, FL. 32259	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FIXEL, MICHAEL FRUIT COVE RD JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ~~P~~ FIXEL, JACOB 11839 Brady Rd. Jacksonville, FL. 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FIXEL, Ava 540 Fruit Cove Rd. Jacksonville, FL. 32259	☐ 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] JACOB FIXED 4/24/00 (904)287-8171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #