

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90251 040 ***158.75

DOCUMENT # P00000107291
1. Entity Name
FIXED IN TIME, INC.

2. Principal Place of Business 611 S. Hollybrook DR
Suite, Apt. #, etc. #102
City & State Pembrokeshire, FL
Zip 33025 **Country** U.S.

3. Mailing Address 611 S. Hollybrook DR
Suite, Apt. #, etc. #102
City & State Pembrokeshire, FL
Zip 33025 **Country** U.S.

11017511

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1057676 **Applied For** ☐ **Not Applicable** ☒

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent
Name MARK MODIST
Street Address (P.O. Box Number is Not Acceptable) 611 S. Hollybrook DR
#102
City Pembrokeshire **FL** **Zip Code** 33025

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 reissuing)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

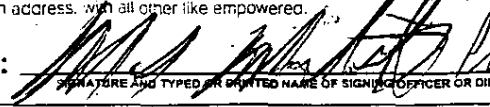
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D. MARK MODIST 611 S. Hollybrook DR. #102 Pembrokeshire, FL 33025	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **President MARK Modist** 4/23/03 431-3495
Signature and typed or printed name of signing officer or director Date Signature Phone

CR2E034B (12/01)