

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90907 038 ***150.00

DOCUMENT # P01000114211

1. Entity Name
MISTER FIX IT SERVICES, INC.

Principal Place of Business Mailing Address
10402 SW 50TH COURT 10402 SW 50TH COURT
COOPER CITY FL 33328 COOPER CITY FL 33328

2. Principal Place of Business 3. Mailing Address
13511 NW 3 ST. 13511 NW 3 ST.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
PLANTATION FL. PLANTATION FL.
 City & State City & State

Zip Country Zip Country
33325 Broward 33325 Broward

4. FEI Number Applied For
65-1156477 Not Applicable

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

6. Name and Address of Current Registered Agent

PADUANO, CHARLES A
10402 SW 50TH COURT
COOPER CITY FL 33328

7. Name and Address of New Registered Agent

Name **CHARLES A. TRUPIA**
 Street Address (P.O. Box Number is Not Acceptable)
13511 NW 3 ST.
 City **Plantation** FL Zip Code **33325**

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 **Charles A Trupia - President -**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-1-02
 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, 2002 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 **P** NAME **Charles A. PADUANO** ☒ Delete
 STREET ADDRESS **10402 S.W 50 CT**
 CITY-ST-ZIP **Cooper City FL 33328**

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** NAME **Charles A. Trupia** ☒ Change ☐ Addition
 STREET ADDRESS **13511 NW 3 ST.**
 CITY-ST-ZIP **Plantation FL 33325**

TITLE ☐ Change ☐ Addition
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Charles A Trupia**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02 954 931 8297
 Date Daytime Phone #

CR2E034 (9/01)