

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 97000013522
 1. Entity Name
I'LL DO IT, INC

FILED
 00 JUN 29 PM 4:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2341 SW 27 TERRACE SAME
FT. LAUDERDALE, FL 33312

2. Principal Place of Business 3. Mailing Address
2341 SW 27 TERRACE SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
FT. LAUDERDALE FL
 Zip Country Zip Country
33312 USA

4. FEI Number 65-0726214 Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROB SAPORITI
2341 SW 27 TERRACE
FT. LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ROBERT SAPORITI PSD</u> <input type="checkbox"/> Delete <u>1504 ARGYLE DR</u> <u>FT. LAUD FL</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RALPH DISALVO VTD</u> <input type="checkbox"/> Delete <u>1504 ARGYLE DR</u> <u>FT. LAUD FL</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ROBERT SAPORITI PSD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>2341 SW 27 TERR</u> <u>FT. LAUDERDALE FL</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>RALPH DISALVO VTD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>2341 SW 27 TERR</u> <u>FT. LAUDERDALE, FL 33312</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 6/23/00 954-224-5787
 Daytime Phone #