

# 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  
FT. LAUDERDALE, FL 33312**

**SAME**

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**

4. FEI Number

**65-0726214**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33312**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROB SAPORITI  
2341 SW 27 TERRACE  
FT. LAUDERDALE, FL 33312**

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

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  
**ROBERT SAPORITI PSD** ☐ Delete  
**1504 ARGYLE DR  
FT. LAUD FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ROBERT SAPORITI PSD** ☒ Change ☐ Addition  
**2341 SW 27 TERR  
FT. LAUDERDALE FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**RALPH DISALVO VTD** ☐ Delete  
**1504 ARGYLE DR  
FT. LAUD FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**RALPH DISALVO VTD** ☒ Change ☐ Addition  
**2341 SW 27 TERR  
FT. LAUDERDALE, FL 33312**

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  
**000003328650--1  
-07/19/00--01116--007  
\*\*\*550.00 \*\*\*550.00**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6/23/00 954-224-5787**