

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90080 012 \*\*\*150.00

SECRET

**DOCUMENT # P97000013522**

1. Entity Name  
**I'LL DO IT, INC.**

Principal Place of Business  
**2341 S.W. 27TH TERRACE  
 FT. LAUDERDALE FL 33312  
 US**

Mailing Address  
**2341 S.W. 27TH TERRACE  
 FT. LAUDERDALE FL 33312  
 US**



2. Principal Place of Business  
**2341 S.W. 27TH TERRACE**

3. Mailing Address  
**2341 SW 27 Terr**

Suite, Apt. #, etc.  
**- home**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**FL. Lauderdale**

City & State  
**FL FT. Lauderdale**

4. FEI Number  
**65-0726214**

Applied For  
 Not Applicable

Zip  
**33312**

Country  
**U.S.**

Zip  
**33312**

Country  
**U.S.**

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**

**SAPORITI, ROB  
 2341 S.W. 27TH TERR.  
 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 *Rob Saporiti* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
 NAME **PSD SAPORITI, ROBERT**  
 STREET ADDRESS **2341 S.W. 27TH TERRACE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VTD DISALVO, RALPH**  
 STREET ADDRESS **2341 S.W. 27TH TERRACE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Rob Saporiti* (Robert Saporiti) 2/5/02 954 224-5767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)