

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028945

1. Entity Name

FIX THIS & FIX THAT, INC.

FILED

Feb 05, 2001 8:00 am  
Secretary of State

02-05-2001 90068 002 \*\*\*150.00

Principal Place of Business

1341 BRADFORD RD  
FORT MYERS FL 33901  
US

Mailing Address

1341 BRADFORD RD  
FORT MYERS FL 33902  
US

2. Principal Place of Business

PMB 229 8750-11 Gladious Dr.  
Suite, Apt. #, etc.

3. Mailing Address

PMB 229 8750-11 Gladious Dr.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT Myers, FL

City & State

FT Myers, FL

4. FEI Number

65-0753447

Applied For

Not Applicable

Zip

Country

33908

USA

Zip

Country

33908

USA

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

CIMATO, RALPH V  
1341 BRADFORD ROAD  
FORT MYERS FL 33901

Name

Ralph V Cimato

Street Address (P.O. Box Number is Not Acceptable)

7269 Lake Dr.

City

FT Myers

FL

Zip Code

33908

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, 2001 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	PST	<input type="checkbox"/> Delete
NAME	CIMATO, RALPH	
STREET ADDRESS	1341 BRADFORD RD	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7269 Lake Dr.	
CITY-ST-ZIP	FT Myers FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ralph V Cimato 1/30/01 941-437-5886

CR2E034 (10/00)