2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000096590** Mar 30, 2000 8:00 am **Secretary of State** FIX-IT-ALL, INC. 03-30-2000 90010 050 ***150.00 Principal Place of Business Mailing Address 912 RIDGEWAY COURT 912 RIDGEWAY COURT ORANGE PARK FL 32065 ORANGE PARK FL 32065-5748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number --3607616---City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YEAGER, DANIEL V Street Address (P.O. Box Number is Not Acceptable) **NINE TWELVE RIDGEWAY COURT ORANGE PARK FL 32065** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Addition TITLE ☐ Change TITLE ☐ Delete YEAGER, DANIEL V NAME NAME STREET ADDRESS STREET ADDRESS 912 RIDGEWAY COURT CITY-ST-ZIP ORANGE PARK FL 32965 CITY-ST-ZIP ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME YEAGER, LAURA M STREET ADDRESS STREET ADDRESS 912 RIDGEWAY COURT CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32965 ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS 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 pr Block 12 if