

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**  
 04-10-2001 90065 012 \*\*\*150.00

0684953

**DOCUMENT # S65962**

**1. Entity Name**  
**FIX ENGINEERING DEVELOPMENT CORPORATION**

**Principal Place of Business**  
 1501 DECKER AVENUE  
 #523  
 STUART FL 34994  
 US

**Mailing Address**  
 P.O. BOX 1847  
 PALM CITY FL 34991  
 US

942839



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
 5185 S.W. 61 DRIVE

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
 PALM CITY, FL

**City & State**

**4. FEI Number** 65-0271953

**Applied For**  
 Not Applicable

**Zip** 34990  
**Country** USA

**Zip** **Country**

**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**

FIX, JOHN  
 1501 DECKER AVENUE  
 SUITE 523  
 STUART FL 34994

**Name** FIX, JOHN  
**Street Address (P.O. Box Number is Not Acceptable)** 5185 S.W. 61 DRIVE  
**City** PALM CITY **FL** **Zip Code** 34990

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

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

**TITLE** D ☐ Delete  
**NAME** FIX, JOHN  
**STREET ADDRESS** 1501 DECKER AVE. SUITE 523  
**CITY-ST-ZIP** STUART FL

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** P.O. BOX 1847 N/A  
**CITY-ST-ZIP** PALM CITY, FL 34991

**TITLE** DP ☐ Delete  
**NAME** FIX, JOHN  
**STREET ADDRESS** 1501 DECKER AVE #523  
**CITY-ST-ZIP** STUART FL

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** P.O. BOX 1847 N/A  
**CITY-ST-ZIP** PALM CITY, FL 34991

**TITLE** ST ☐ Delete  
**NAME** FIX, JOHN  
**STREET ADDRESS** 1501 DECKER AVE #523  
**CITY-ST-ZIP** STUART FL

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** P.O. BOX 1847 N/A  
**CITY-ST-ZIP** PALM CITY, FL 34991

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**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:** \_\_\_\_\_ **John Fix, President** 4-2-01 561-287-9938

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)