2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000100691

Entity Name: UBREAKIFIX HOLDINGS CO

Current Principal Place of Business:

200 SOUTH ORANGE AVENUE, SUITE 200 ORLANDO, FL 32801

Current Mailing Address:

648 GRASSMERE PARK SUITE 100 NASHVILLE, TN 37211 US

FEI Number: 82-4465788

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US FILED Apr 02, 2020 Secretary of State 0601273318CC

Certificate of Status Desired: Yes

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Officer/Director Detail :					
Title	PRESIDENT	Title	CEO, DIRECTOR		
Name	WETHERILL, JUSTIN M	Name	DETTER, ROGER A.		
Address	200 SOUTH ORANGE AVENUE, SUITE 200	Address	160 BOVET RD. SUITE 402		
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	SAN MATEO CA 94402		
Title	SENIOR VICE PRESIDENT, CFO, DIRECTOR	Title	CHAIRMAN		
Name	JOHN, STOREY A.	Name	TAWEEL, KEVIN		
Address	648 GRASSMERE PARK	Address	160 BOVET RD. SUITE 402		
City-State-Zip:	SUITE 100 NASHVILLE TN 37211	City-State-Zip:	SAN MATEO CA 94402		
Title	SENIOR VICE PRESIDENT OF	Title	SENIOR VICE PRESIDENT, GENERAL COUNSEL, SECRETARY		
		Name	PURYEAR, GUSTAVUS A. IV		
Name	REAGAN, WILLARD	Address	648 GRASSMERE PARK		
Address	648 GRASSMERE PARK SUITE 100		SUITE 100		
City-State-Zip:	NASHVILLE TN 37211	City-State-Zip:	NASHVILLE TN 37211		
T '41-	VD ADDT OFODETADY	Title	VP, ASST. TREASURER		
Title	VP, ASST. SECRETARY	Name	ALEXANDER, ELIZABETH		
Name	TOPOREK, LISA	Address	648 GRASSMERE PARK		
Address	648 GRASSMERE PARK SUITE 100		SUITE 100		
City-State-Zip:	NASHVILLE TN 37211	City-State-Zip:	NASHVILLE TN 37211		

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN A. STOREY

SVP, CFO, DIRECTOR 04/02/2020

Electronic Signature of Signing Officer/Director Detail

Date

Date

Officer/Director Detail Continued :

Title	ASST. TREASURER
Name	SLOAN, JASON
Address	648 GRASSMERE PARK SUITE 100
City-State-Zip:	NASHVILLE TN 37211