

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 29, 2001 8:00 am**
Secretary of State

03-29-2001 90402 009 ***150.00

0598419

DOCUMENT # 480803

1. Entity Name

IMPALA INVESTMENTS, INC.

Principal Place of Business

**2419 BAYSHORE BLVD
3N
TAMPA FL 33629
US**

Mailing Address

**P. O. BOX 96
MAGGIE VALLEY NC 28751**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

347 COUNTRY CLUB DRIVE

Suite, Apt. #, etc.

347 COUNTRY CLUB DRIVE

City & State

MAGGIE VALLEY, N.C.

City & State

MAGGIE VALLEY, N.C.

Zip

28751

Country

USA

Zip

28751

Country

USA

6. Name and Address of Current Registered Agent

**CAREY, MICHAEL R
712 SOUTH OREGON AVENUE
TAMPA FL 33606**

7. Name and Address of New Registered Agent

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

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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	PISTONE, JOSEPH A	
STREET ADDRESS	2419 BAYSHORE BLVD 3N	
CITY-ST-ZIP	TAMPA FL 33629	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH A. PISTONE**3-23-01**

Date

1-828-466-7000

Daytime Phone #

CR2E034 (10/00)