

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 31, 2003 8:00 am**  
**Secretary of State**

07-31-2003 90065 031 \*\*\*550.00

0133970 AT

**DOCUMENT # 480803**

1. Entity Name  
**IMPALA INVESTMENTS, INC.**



Principal Place of Business  
**2781 GOLF LAKE DRIVE  
PLANT CITY FL 33567  
US**

Mailing Address  
**2781 GOLF LAKE DRIVE  
PLANT CITY FL 33567  
US**



2. Principal Place of Business

3. Mailing Address

**3590 Rowdy Bottom Road**

Suite, Apt. #, etc.

**PMB 32072**

City & State

City & State  
**Cincinnati, Ohio**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **11-2036038**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**45244**

**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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
PISTONE, JOSEPH A  
2784 GOLF LAKE DRIVE  
PLANT CITY FL 33567** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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12. 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 10 or Block 11 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

**JOSEPH A. PISTONE**

Date

**7-28-03**

Daytime Phone #

**813-759-8236**

**828-926-9090**

CR2E034 (4/03)