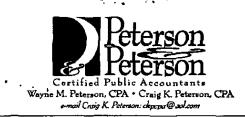
FILED 2000 UNIFORM BUSINESS REPORT (UBR) Aug 03, 2000 8:00 am Secretary of State DOCUMENT# 12/04/ 1. Entity Name 07-06-2000 90007 006 ****61.25 TAMPA HISTORICAL SOCIETY Principal Place of Business Mailing Address 245 S. HYDE PARK AVE SAME TAMPA, FL 33606 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip _ .. Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required --7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to The second secon 9. Election Campaign Financing \$5.00 May Be Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. REASUREA Change_ ■ Addition Delete PRESEDENT TITLE FRANK R. NORTH レクエラ MAME NAME 1809 W. INMAN AVENUE SAN JUAN 3924 STREET ADDRESS STREET ADDRESS 33629 TAMPA FL 33606 CITY-ST-ZIP TAMPA F CITY-ST-ZIP Addition TREASURER ☐ Change Delete TITLE TITLE WILLIAM GERREL NAME 5786 SUN UP ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 34639 CITY-ST-ZIP LAND O' LAKES TL ☐ Change ☐ Addition TITLE SECRETART MARY J. BROWN NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Defete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-IP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

7/6/



Members of American Institute of Certified Public Accountants

3003 South Congress Avenue Suite 2-C Palm Springs, Florida 33461





Palm Beach (561) 964-1800 Broward (954) 428-1590 Fax: (561) 966-1326

June 15, 2000

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

> Re: High Impact Atlantic, Inc. 2642 Forest Hill Blvd., Ste. E West Palm Beach, Fl. 33406 ID #65-0953474 Year 2000 Uniform Business Report

Gentlemen:

We are writing on behalf of the above named new client.

Enclosed herewith are the following:

- 1) Year 2000 Uniform Business Report
- 2) Copy of your response to our initial request
- 3) Payment in the amount of \$150.00

Please be advised of the following information:

- 1) Corporation was incorporated on 10-4-99 (photo copy of letter attached).
- 2) Client assumed that Mr. Butler would forward all business documents to their office for appropriate filing and payment.
- 3) In reviewing clients documents, it was discovered that the \$150.00 fee for the Year "2000 Uniform Business Report" had not been paid. Thus, it appears that the report had never been filed.
- 4) Client contacted Mr. Butler and no response has been received.
- 5) Subsequently, the client contacted your office and received a "blank" report, which is now being enclosed with payment in the amount of \$150.00.

We hereby are requesting that any penalties be waived, under these circumstances. All future reports will be timely filed because they will be mailed to the current registered agent.



High Impact Atlantic, Inc. ID # 65-0953474 Year 2000 Uniform Business Report Page 2

We would appreciate your prompt attention in applying this payment. If there are any questions, please contact either our office or the client's office. Thank you.

Respectfully Yours,

Wayne M. Peterson, CPA

WMP:vp Encls.

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