

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90051 001 \*\*\*\*61.25

**DOCUMENT # 853218**

1. Entity Name

**IMPACT INTERNATIONAL, INC.**

Principal Place of Business

**400 S. DIXIE HWY., SUITE 122  
 BOCA RATON FL 33432**

Mailing Address

**P. O. BOX 2530  
 BOCA RATON FL 33427  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

**P.O. Box 160**

Suite, Apt. #, etc.

City & State

**Boca Raton FL**

Zip

**33429**

Country

4. FEI Number

**59-1496247**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WOODMAN, BRUCE  
 400 S. DIXIE HWY., SUITE 122  
 BOCA RATON FL 33432-3023**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | PD                       | <input type="checkbox"/> Delete |
| NAME           | WOODMAN, BRUCE REV.      |                                 |
| STREET ADDRESS | 2034 SW 7TH CT.          |                                 |
| CITY-ST-ZIP    | BOCA RATON FL            |                                 |
| TITLE          | VD                       | <input type="checkbox"/> Delete |
| NAME           | RUSSELL, HARVEY REV.     |                                 |
| STREET ADDRESS | 310 CLARK DR., RT. 5     |                                 |
| CITY-ST-ZIP    | SHOREWOOD IL             |                                 |
| TITLE          | SD                       | <input type="checkbox"/> Delete |
| NAME           | FASIG, BILL REV.         |                                 |
| STREET ADDRESS | 2878 NW 24TH WAY         |                                 |
| CITY-ST-ZIP    | BOCA RATON FL            |                                 |
| TITLE          | TD                       | <input type="checkbox"/> Delete |
| NAME           | QUIGGIN, RAYMOND         |                                 |
| STREET ADDRESS | 4100 N. OCEAN DR., #1804 |                                 |
| CITY-ST-ZIP    | SINGER ISLAND FL         |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | SORENSEN, EVERETT        |                                 |
| STREET ADDRESS | 5731 NE 16TH TERRACE     |                                 |
| CITY-ST-ZIP    | FT. LAUDERDALE FL        |                                 |
| TITLE          | D                        | <input type="checkbox"/> Delete |
| NAME           | BOTOS, MICHAEL           |                                 |
| STREET ADDRESS | 29 COUNTRY ROAD          |                                 |
| CITY-ST-ZIP    | VILLAGE OF GOLF FL       |                                 |

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bruce Woodman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02 561-338-7800  
 Date Daytime Phone #

CR2E037 (9/01)