

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

DOCUMENT # **F01000002792**

1. Entity Name

Impact Sales Inc.

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91347 009 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3633 136 Place SE

3. Mailing Address

3633 136th Place SE

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Bellevue, WA 98006

City & State

Bellevue, WA

Zip

98006

Country

USA

Zip

98006

Country

USA

4. FEI Number

91-1652005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **Micki Hardy**

Street Address (P.O. Box Number is Not Acceptable)

1425 Langham Terrace

City

Heathrow

FL

32746

**DO NOT WRITE
IN THIS SPACE**

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

Micki Hardy

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	CEO
NAME	Carl Pennington Jr
STREET ADDRESS	3633 136th PL SE Suite 100
CITY-ST-ZIP	Bellevue, WA 98006
TITLE	COO
NAME	Paul Pennington
STREET ADDRESS	348 W. Parkcenter Blvd
CITY-ST-ZIP	Boise, ID 83706
TITLE	President
NAME	Jeff Russell
STREET ADDRESS	348 W. Parkcenter Blvd
CITY-ST-ZIP	Boise, ID 83706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Leslie McFarlane Controller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

425-586-7000

Daytime Phone #