

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K72300

FILED
Apr 22, 2003
Secretary of State

Entity Name: IMPACT PERSONNEL SUNCOAST, INC.

Current Principal Place of Business:

C/O SHEILA M. SLITER
1270 ROGERS ST.
CLEARWATER, FL 33756

Current Mailing Address:

C/O SHEILA M. SLITER
1270 ROGERS ST.
CLEARWATER, FL 33756

New Principal Place of Business:

C/O SHEILA M. SLITER
1264 MAGNOLIA DR
CLEARWATER, FL 33756

New Mailing Address:

C/O SHEILA M. SLITER
1264 MAGNOLIA DR
CLEARWATER, FL 33756

FEI Number: 59-2934681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLITER, SHEILA M.
1270 ROGERS STREET
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

SLITER, SHEILA M.
1264 MAGNOLIA DR
CLEARWATER, FL 33756 US

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: SHEILA M SLITER

04/22/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SLITER, SHEILA M.
Address: 1270 ROGER ST
City-St-Zip: CLEARWATER, FL 33756

Title: DVS () Delete
Name: TOPPING, LAURA Y
Address: 1270 ROGERS ST
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: SLITER, SHEILA M.
Address: 1264 MAGNOLIA DR
City-St-Zip: CLEARWATER, FL 33756

Title: DVS (X) Change () Addition
Name: JONES, JEFFREY V
Address: 1204 PLANTATION PINE LN #304
City-St-Zip: TAMPA, FL 33653

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY V JONES

DVS

04/22/2003

Electronic Signature of Signing Officer or Director

Date