

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96015

1. Entity Name

IMPACT RESOURCES, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90045 015 ***150.00

Principal Place of Business

Mailing Address

~~11531 SW 98 ST~~ *new*
MIAMI FL 33176

~~11531 SW 98 ST~~ *new*
MIAMI FL 33176-4247

2. Principal Place of Business

3. Mailing Address

11501 SW 92 Court

11501 SW 92 Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State -

MIAMI Florida

City & State

MIAMI FLORIDA

Zip

33176

Country

USA

Zip

33176

Country

USA

4. FEI Number

65-0217099

Applied For

Not Applicable

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

BLAKLEY, JEAN P

~~11531 SW 98 STREET~~ *new*
MIAMI FL 33176

Name

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

11501 SW 92 Court

City

MIAMI

FL

Zip Code

33176

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)

4/16/00

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BLAKLEY, JEAN P**
CITY-ST-ZIP **~~11531 SW 98 ST~~**
MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *11501 SW 92 Court*
CITY-ST-ZIP *MIAMI FL 33176*

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BLAKLEY, JOHN C**
CITY-ST-ZIP **~~11531 SW 98 ST~~**
MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *11501 SW 92 Court*
CITY-ST-ZIP *MIAMI FL 33176*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John C. Blakley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/00
Date

305-969-2176
Daytime Phone #

CR2E034 (9/99)