## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Jan 31, 2001 8:00 am **DOCUMENT # M28539 Secretary of State** IMPACT FINANCIAL NETWORK, INC. 01-31-2001 90298 016 \*\*\*150.00 Principal Place of Business Mailing Address 2155 RESORT DRIVE SUITE 108 2155 RESORT DRIVE SUITE 108 STEAMBOAT SPRINGS CO 80487 STE. ONE STEAMBOAT SPRINGS CO 80487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2647751 Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent B & C CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD. **SUITE 3000 MIAMI FL 33131** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11. TITLE TITLE Delete JORDAN, WALLACE N NAME 2155 RESORT DRIVE STE 108 STREET ADDRESS STREET ADDRESS STEAMBOAT SPRINGS CO 80487 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE CLARK, CHARLES R NAME NAME

Not Applicable \$8.75 Additional Fee Required Zip Code

Applied For

\$5.00 May Be

CR2E034 (10/00)

Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition ☐ Addition 333 W. Vine St # 204 2155 RESORT DRIVE, STE 108 STREET ADDRESS STREET ADDRESS herongton, KY 40507 STEAMBOAT SPRINGS CO 80487 CITY-ST-ZIP CITY-ST-ZIP VD ☐ Addition TITLE ☐ Delete TITLE ELKO, ALBERT J NAME NAME same as above 2933 JACKS RUN RD STREET ADDRESS STREET ADDRESS MC KEESPORT PA 15131 CITY-ST-7/P CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIF TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS 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 officer or director. HARLES R. CLARK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR