

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91053 021 \*\*\*150.00

**DOCUMENT # M28539**

1. Entity Name  
**IMPACT FINANCIAL NETWORK, INC.**



Principal Place of Business  
**2155 RESORT DRIVE SUITE 108  
STEAMBOAT SPRINGS CO 80487  
US**

Mailing Address  
**2933 JACKS RUN ROAD  
WHITE OAKS PA 15131  
US**

2. Principal Place of Business

3. Mailing Address

**2155 Resort Dr**

Suite, Apt. #, etc.

**Suite 108**

City & State

**STEAMBOAT CO**

Zip

**CO 80487**

Country

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2647751**

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

**B & C CORPORATE SERVICES, INC.  
201 S. BISCAYNE BLVD.  
SUITE 3000  
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, CHARLES R	
STREET ADDRESS	333 W VINE STREET 206	
CITY-ST-ZIP	LEXINGTON KY 40507	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ELKO, ALBERT J	
STREET ADDRESS	333 W VINE STREET 206	
CITY-ST-ZIP	LEXINGTON KY 40507	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PAIS, EMMETT A	
STREET ADDRESS	2933 JACKS RUN ROAD	
CITY-ST-ZIP	WHITE OAKS PA 15131	
TITLE	P	<input type="checkbox"/> Delete
NAME	W. NEAC Jordan	
STREET ADDRESS	2155 Resort Dr. Ste 108	
CITY-ST-ZIP	STEAMBOAT, CO 80487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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 607, 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: **W. NEAC Jordan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/03 910.879.1189**

Date Daytime Phone #

CR2E034 (10/02)