

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-06-2001 90208 050 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003276

1. Entity Name

EMPACT Resource Service Center

Principal Place of Business

Mailing Address

2. Principal Place of Business

1316 4th St N

Suite, Apt. #, etc.

#205

3. Mailing Address

300 East Bay Drive

Suite, Apt. #, etc.

City & State

St Petersburg FL

City & State

Largo FL

Zip

33701

Country

USA

Zip

33770-3770

Country

USA

4. FEI Number

59-3196080

Applied For

Not Applicable

5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Labyak, Mary J
 300 East Bay Drive
 Largo, FL 33770-3770

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE President ☐ Delete
 NAME Labyak, Mary J
 STREET ADDRESS 300 East Bay Dr
 CITY-ST-ZIP Largo, FL 33770

TITLE Vice Chairman ☐ Delete
 NAME Kistler, Scott
 STREET ADDRESS 300 East Bay Drive
 CITY-ST-ZIP Largo, FL 33770

TITLE Secretary ☐ Delete
 NAME Bell, Michael
 STREET ADDRESS 300 East Bay Drive
 CITY-ST-ZIP Largo, FL 33770

TITLE Treasurer ☐ Delete
 NAME Craig, Teresa
 STREET ADDRESS 300 East Bay Drive
 CITY-ST-ZIP Largo, FL 33770

TITLE Chairman ☐ Delete
 NAME Buby, Dr David
 STREET ADDRESS 300 East Bay Drive
 CITY-ST-ZIP Largo, FL 33770

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 817, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF Sponsoring OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)