# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 24, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# P00000042385

**Entity Name:** IMPACT PROMOTIONS, INC.

**Current Principal Place of Business:**

5559 AVE DU SOLEIL
LUTZ, FL 33549

**New Principal Place of Business:**

5559 AVE DU SOLEIL
LUTZ, FL 33558

**Current Mailing Address:**

5559 AVE DU SOLEIL
LUTZ, FL 33549

**New Mailing Address:**

5559 AVE DU SOLEIL
LUTZ, FL 33558

**FEI Number: 59-3642091** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TILLOTSON, JACQUELINE E
5559 AVE DU SOLEIL
LUTZ, FL 33549

**Name and Address of New Registered Agent:**

TILLOTSON, KENYON F
5559 AVE DU SOLEIL
LUTZ, FL 33558

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: KENYON F. TILLOTSON 06/24/2002
Electronic Signature of Registered Agent Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: TILLOTSON, JACQUELINE E
Address: 5559 AVE DU SOLEIL
City-St-Zip: LUTZ, FL 33549

Title: VD ( ) Delete
Name: TILLOTSON, KENYON F
Address: 5559 AVE DU SOLEIL
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: TILLOTSON, JACQUELINE E
Address: 5559 AVE DU SOLEIL
City-St-Zip: LUTZ, FL 33558

Title: VD (X) Change ( ) Addition
Name: TILLOTSON, KENYON F
Address: 5559 AVE DU SOLEIL
City-St-Zip: LUTZ, FL 33558

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: KENYON F. TILLOTSON VD 06/24/2002
Electronic Signature of Signing Officer or Director Date