

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90169 039 ***150.00

DOCUMENT # P00000083162

1. Entity Name
STRATEGIC IMPACT!, INC.

Principal Place of Business
7491 N FEDERAL HWY SUITE 251
BOCA RATON FL 33487

Mailing Address
7491 N FEDERAL HWY SUITE 251
BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
125 NW 13TH ST

3. Mailing Address
7491 N. FEDERAL HWY
BOX 251 (PMB)

Suite, Apt. #, etc.
SUITE B

Suite, Apt. #, etc.
BOX 251 (PMB)

City & State
BOCA RATON

City & State
BOCA RATON

Zip **FL** **Country** **33432**

Zip **FL** **Country** **33487**

4. FEI Number **65-1039074**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **BETH BALLARD LOGULLO, V.P.**
Street Address (P.O. Box Number is Not Acceptable)
7491 N. FEDERAL HWY, # 251
City **BOCA RATON** **FL** **Zip Code** **33487**

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 *Beth Logullo* **4/22/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	LOGULLO, DARYL T	
STREET ADDRESS	7491 N FEDERAL HWY SUITE 251	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ELIZABETH, LOGULLO B	
STREET ADDRESS	7491 N. FEDERAL HWY, STE 251	
CITY-ST-ZIP	BOCA RATON FL 33487	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Daryl T Logullo* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02
Date Daytime Phone #

CR2E034 (9/01)