


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90155 031 ***150.00

DOCUMENT # P00000083162

1. Entity Name
STRATEGIC IMPACT!, INC.



Principal Place of Business
125 NW 13TH ST
STE B
BOCA RATON FL 33432

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



2. Principal Place of Business
1550 53rd AVENUE
Suite, Apt. #, etc.

3. Mailing Address
1550 53rd AVE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State VERO BEACH FL
Zip 32966
Country IND RIVER

City & State VERO BEACH FL
Zip 32966
Country 32966

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
LOGULLO, BETH B VP
7491 N FEDERAL HWY
#251
BOCA RATON FL 33487

7. Name and Address of New Registered Agent
Name BETH B. LOGULLO
Street Address (P.O. Box Number is Not Acceptable) 1550 53rd AVENUE
City VERO BEACH **FL** **Zip Code** 32966

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 *Beth Logullo* **DATE** 2/19/03

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME LOGULLO, DARYL T STREET ADDRESS 7491 N FEDERAL HWY SUITE 251 CITY-ST-ZIP BOCA RATON FL 33487	<input type="checkbox"/> Delete	TITLE NAME 1550 53rd AVENUE STREET ADDRESS VERO BEACH, FL 32966 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME ELIZABETH, LOGULLO B STREET ADDRESS 7491 N. FEDERAL HWY, STE 251 CITY-ST-ZIP BOCA RATON FL 33487	<input type="checkbox"/> Delete	TITLE NAME 1550 53rd AVENUE STREET ADDRESS VERO BEACH, FL 32966 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Daryl T Logullo* **DATE** 2/19/03 **Daytime Phone #** 772 299 7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)