

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90001 046 \*\*\*150.00

**DOCUMENT # P00000087248**

1. Entity Name  
**VINYL IMPACT PRODUCTS, INC.**

Principal Place of Business

**6431 TOPAZ CT.  
 FT. MYERS FL 33912**

Mailing Address

**6431 TOPAZ CT.  
 FT. MYERS FL 33912**

2. Principal Place of Business

**2546 FOWLER ST**

Suite, Apt. #, etc.

**FT. MYERS, FL**

City & State

**33901**

Zip

**33901**

Country

**FL**

City

**33901**

Zip

**33901**

Country

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City

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DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1044244**

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

**STREYFFELER, KURT A ESQ.  
 2222 2ND ST.  
 FT. MYERS FL 33901**

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.

(NOT)

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!  
 After MAY 1, 2001  
 Make Check Payable to Department of State**

**FEE IS \$150.00  
 Fee will be \$550.00  
 to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MERHIGE, PETER</b>	
STREET ADDRESS	<b>7130 GOLDEN EAGLE CT., #313</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33912</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MERHIGE, SAM</b>	
STREET ADDRESS	<b>14831 PARK LAKE DR., #PH6</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33919</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOWE, TRENT</b>	
STREET ADDRESS	<b>4010 DELEON ST., #C-2</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33901</b>	
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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TRENT HOWE**

Date

**4-24-01**

Daytime Phone #

**941-936-4227**

CR2E034 (10/00)