

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90400 033 ***150.00

DOCUMENT # P00000095475

1. Entity Name

IMPACT TAX AND BUSINESS SERVICES, INC.

Principal Place of Business

**333 W VINE STREET SUITE 206
 LEXINGTON KY 40507**

Mailing Address

**333 W VINE STREET SUITE 206
 LEXINGTON KY 40507**

2. Principal Place of Business

3. Mailing Address

2933 JACKS RUN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WHITE OAK PA

4. FEI Number

58-2575397

Applied For

Not Applicable

Zip

Country

Zip

Country

15131

USA

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

**B & C CORPORATE SERVICES, INC.
 201 SOUTH BISCAYNE BLVD SUITE 3000
 MIAMI FL 33131**

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **ELKO, A J**
 STREET ADDRESS **333 W VINE STREET**
 CITY-ST-ZIP **LEXINGTON KY 40507**

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

TITLE **VP** ☐ Delete
 NAME **CLARK, CHARLES R**
 STREET ADDRESS **333 W VINE STREET**
 CITY-ST-ZIP **LEXINGTON KY 40507**

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

TITLE **ST** ☐ Delete
 NAME **PAIS, EMMETT A**
 STREET ADDRESS **2933 JACKS RUN ROAD**
 CITY-ST-ZIP **WHITE OAK PA 15131**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Emmett A Pais

Emmett A Pais

1-15-01

412-664-4030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)