

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90110 045 \*\*\*105.00  
04-22-2003 90055 025 \*\*\*\*45.00

**DOCUMENT # P01000028362**



1. Entity Name  
**GLOBAL IMPACT TECHNOLOGIES, INC.**

Principal Place of Business  
**5146 NORTHBRIDGE RD. #308  
SARASOTA FL 34238**

Mailing Address  
**5146 NORTHBRIDGE RD. #308  
SARASOTA FL 34238**

**11006026**



2. Principal Place of Business

3. Mailing Address

**5664 BEE RIDGE RD. STE 102**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**102 SUITE 102**

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

**SARASOTA, FL**

4. FEI Number **59-3702902**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34233**

**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

**FORD, JOSEPH F  
5000 CULBREATH KEY WAY, #1-204  
TAMPA FL 33611**

Name

**JOSEPH F. FORD**

Street Address (P.O. Box Number is Not Acceptable)

**5146 NORTHBRIDGE RD. STE 102 #308**

City

**SARASOTA, FL**

FL

Zip Code

**34238**

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

*Joseph F. Ford*

**JOSEPH F. FORD**

**3/31/03**

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **BEDI, MONICA**  
STREET ADDRESS **5000 CULBREATH KEY WAY, #1-204**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☒ Change ☐ Addition  
NAME **JOSEPH F. FORD**  
STREET ADDRESS **5146 NORTHBRIDGE RD. STE 102 #308**  
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE **D** ☐ Delete  
NAME **FORD, JOSEPH**  
STREET ADDRESS **5000 CULBREATH KEY WAY, #1-204**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☒ Change ☐ Addition  
NAME **JOSEPH F. FORD**  
STREET ADDRESS **5146 NORTHBRIDGE RD. STE 102 #308**  
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/03**

Date

**941-377-4594**

Daytime Phone #

CR2E034 (10/02)



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

April 7, 2003

GLOBAL IMPACT TECHNOLOGIES, INC.  
5664 BEE RIDGE RD  
STE 102  
SARASOTA, FL 34233

Attachment

Subject: GLOBAL IMPACT TECHNOLOGIES, INC.

Reference Number:

P01000028362

110006026

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$105.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$45.00.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

~~If you have additional questions or need further assistance, please call the~~  
Division of Corporations at (850) 488-9000.

/tb

ANNUAL REPORTS SECTION