

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90072 041 ***150.00

0331523 AV

DOCUMENT # P01000032923

1. Entity Name

TOTAL IMPACT SERVICES INC.

Principal Place of Business

**11411 NW 32ND MANOR
SUNRISE FL 33323**

Mailing Address

**11411 NW 32ND MANOR
SUNRISE FL 33323**

2. Principal Place of Business

601 E. Main Street

Suite, Apt. #, etc.

Suite D

City & State

Allen, TX

Zip

75002

Country

USA

3. Mailing Address

601 E. Main Street

Suite, Apt. #, etc.

Suite D

City & State

Allen, TX

Zip

75002

Country

USA

4. FEI Number

65-1089561

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HEILPERN, SCOTT
11411 NW 32ND MANOR
SUNRISE FL 33323**

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HEILPERN, SCOTT	
STREET ADDRESS	11411 NW 32ND MANOR	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHUTZMAIER, KRIS	
STREET ADDRESS	71 BUCKINGHAM LANE	
CITY-ST-ZIP	ALLEN TX 75002	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DURHAM, FRED	
STREET ADDRESS	914 HIGHFALL DR.	
CITY-ST-ZIP	DALLAS TX 75232	
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:

KAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-02

Date

972-390-8728

Daytime Phone #

CR2E034 (9/01)