## **2002 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # P01000087731  1. Entity Name					FILED				
IMPULSE DISTRIBUTING, INC.					02 DEC -5 PM 1:45				
1481 P MARI	ce of Business (ET CIR. OTTE FL 33953	Mailing Address 1481 P MARKET CIR. PORT CHARLOTTE FL 33953			SECRETAF TALLAHASS	'Y OF STATE 'EE, FLORIDA	Ļ		
2. Principal Place of Business		3. Mailing Address Colon (4) Motor BLVd			REMETA				
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	,		UP IN A SPONGE!	VRÎTE ÎN THIS SPA	ice		k E TO
City & Sta	te	PORT OHAN Lotte, PL		1	FEI Number 65-1/3583	3/4		oplied For ot Applicable	7
Zip	Country	zip 3398/	Country		Certificate of Status Desire		3.75 Add	ditional	1
	6. Name and Address of Current Re	gistered Agent		7. 1	Name and Address of Ne				1
LEBLANC, RICHARD					1 LE BLANC				
	ARKET CIR.	Street Addres	s (P.O. B	ox Number is Not Accept	able)			. _	
PORT CHARLOTTE FL 33953			612'	161	Not Blud				
D. The above			City PORT	OHE	Klotte	FL	Zip Cod <b>33</b> 9	ž 8/	
the obligat	named entity submits this statement for the lions of registered agent.  Ric X	ave Presu	istered office or regis  Listered Agent signature requ			Florida. I am fam	iliar with 200	and accept	
			EE IS \$550.00 02 Fee Will be \$7	50.00	— <b>10.</b> -Election Campaigr Trust Fund Contrib	~ —		<b>0</b> May Be I to Fees	
11.	OFFICERS AND DI	RECTORS	12.	ΑĎ	DITIONS/CHANGES TO (	FFICERS AND DI	RECTORS	3 IN 11	}_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBLANC, RICHARD 6127 GILLOT BLVD. PORT CHARLOTTE FL 33981	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	<b>000008</b> 1 1/01/0201076	76037(	Change   } 	☐ Addition	(2E034 (4/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		Change	Addition	R.
TITLE NAME STREET ADDRESS CHY=ST=ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME Street address City-St-Zip			TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
of the corr	ertify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with	e and accurate and that my sig	inature chall have th	s cama la	adal offact se if made und	or noth, that I am a	n affiace .	ا ــدسمــئلمسم	

CER OR BIRECTOR LE BLANC 10/27/2002 SIGNATURE: