

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90214 046 ***150.00

DOCUMENT # P01000087731

1. Entity Name
IMPULSE DISTRIBUTING, INC.



Principal Place of Business
1481 P MARKET CIR.
PORT CHARLOTTE, FL 33953

Mailing Address
6137 GILLOT BLVD
PORT CHARLOTTE, FL 33981

11034105



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

6127 GilloT BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE FL

4. FEI Number

85-1135836

Applied For

Not Applicable

Zip

Country

Zip

33981

Country

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

LEBLANC, RICHARD
6127 GILLOT BLVD
PORT CHARLOTTE, FL 33981

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!! FEE IS \$150.00

After May 1, 2003 Fee will be \$350.00

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
LEBLANC, RICHARD
6127 GILLOT BLVD.
PORT CHARLOTTE, FL 33981 ☐ Delete

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

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CITY-STATE-ZIP ☐ Change ☐ Addition

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 807, 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:

Richard Le Blanc **RICHARD LE BLANC**

4/28/2003 **4/28/2003 941-697-7016**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)