

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

0139898 AT

DOCUMENT # P02000046850

1. Entity Name  
IMPACT MORTGAGE COMPANY OF SOUTHWEST FLORIDA



01-27-2003 90342 034 \*\*\*150.00

Principal Place of Business  
~~2233 SW 5TH PLACE~~  
CAPE CORAL FL LEE

Mailing Address  
~~2233 SW 5TH PLACE~~  
CAPE CORAL FL LEE

1314 Cape Coral Pkwy  
Ste 315 Cape Coral, FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
Suite 315

Suite, Apt. #, etc.  
SAME

City & State  
Cape Coral FL

City & State

4. FEI Number  
010670320

Applied For  
Not Applicable

Zip  
33904

Country  
Lee

Zip

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

PALERMO, LISA A

~~2233 SW 5TH PLACE~~

CAPE CORAL FL 33991

4504 SW 19th Place  
Cape Coral, FL 33914

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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-ST-ZIP  
PS  
KELLY, PAULA A  
2233 SW 5TH PLACE  
CAPE CORAL FL 33991

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
PALERMO, LISA A  
2233 SW 5TH PLACE  
CAPE CORAL FL 33991

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

55051267

PO2:000046850

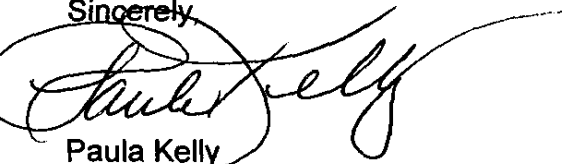
July 11, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To whom it may concern:

We have received the Second notice on the filing requirement for a corporation. We had filed and paid the fee in January of this year. Please see copy of cancelled check. I emailed the Department of state and they told me that they had a record of the payment but that a letter had been sent to us because the Fein # has not been filled in. We never received that letter so we were not aware of any problem until receiving this notice. Please find the completed form. Please let me know if there are any other concerns.

Sincerely,



Paula Kelly  
President  
Impact Mortgage Company of SW Florida  
1314 Cape Coral Parkway Suite 315  
Cape Coral, Florida 33904

(239) 549-3113 ext. 1