

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90286 041 ***150.00

0120054 AV

DOCUMENT # P02000074165

1. Entity Name
IMPACT SPORTS, INC.



Principal Place of Business
**4750 SOUTH RIO GRANDE #95
ORLANDO FL 32839**

Mailing Address
**4750 SOUTH RIO GRANDE #95
ORLANDO FL 32839**

2. Principal Place of Business
5401 W. Oakridge Rd

3. Mailing Address
5401 W. Oakridge Rd

Suite, Apt. #, etc.
Suite 55

Suite, Apt. #, etc.
Suite 55

City & State
Orlando, Florida

City & State
Orlando, Florida

Zip Country
32819 USA

Zip Country
32819 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
68-0513984

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VEST, JOHN R
4256 TIDEWATER DRIVE
ORLANDO FL 32812**

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. 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 \$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 NAME ☐ Delete
**P VEST, JOHN R
STREET ADDRESS 4750 SOUTH RIO GRANDE #95
CITY-ST-ZIP ORLANDO FL 32839**

TITLE NAME ☒ Change ☐ Addition
**P Vest, John R.
STREET ADDRESS 8133 Champions circle #202
CITY-ST-ZIP Champions Gate, FL 33896**

TITLE NAME ☐ Delete
**V HUNTLEY, KEN
STREET ADDRESS 4750 SOUTH RIO GRANDE #95
CITY-ST-ZIP ORLANDO FL 32839**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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: **JOHN R VEST**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)