

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068444

1. Entity Name

IMPACT CONVERTING OF FLORIDA, INC.

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90234 003 \*\*\*150.00

Principal Place of Business

6308 BENJAMIN RD  
SUITE 703  
TAMPA FL 33634

Mailing Address

6308 BENJAMIN RD  
SUITE 703  
TAMPA FL 33634

00056848



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7020 ANDERSON RD

Suite, Apt. #, etc.

3. Mailing Address

7020 ANDERSON RD

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3209871

Applied For

Not Applicable

Zip

33634-4410

Country

US

Zip

33634-4410

Country

US

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

IRVINE, DANIEL G  
6308 BENJAMIN RD  
SUITE 703  
TAMPA FL 33634

Name IRVINE, DANIEL G.

Street Address (P.O. Box Number is Not Acceptable)

7020 ANDERSON RD

City

TAMPA

FL

Zip Code

33634-4410

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 fee 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME IRVINE, DANIEL G.  
STREET ADDRESS 11712 GILLETTE DR  
CITY-ST-ZIP TAMPA FL

TITLE PRESIDENT ☒ Change ☐ Addition  
NAME IRVINE, DANIEL G  
STREET ADDRESS 4214 CARTER DR  
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)