

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000037171

1. Entity Name

Impact Mortgages, Inc

VA

Principal Place of Business

1314 Cape Coral Pkwy
Cape Coral, FL Ste 319
33904

Mailing Address

Same

2. Principal Place of Business

Same as Above

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

319

Suite, Apt. #, etc.

City & State

City & State

Zip

33904

Country

ee

Zip

Country

6. Name and Address of Current Registered Agent

LINDA S ATKINS
1314 Cape Coral Pkwy Ste 319
Cape Coral, FL 33904

Name

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

City

\$8.75 Additional
Fee Required

Applied For
Not Applicable

7. Name and Address of New Registered Agent

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

Linda A.

Signature, typed or printed name of registered agent and title 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	LINDA S ATKINS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	1314 Cape Coral Pkwy	STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, FL	CITY-ST-ZIP	
TITLE	Paula O'Leary <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 another like empowered.

SIGNATURE

Ruth A. Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-549-3311
Daytime Phone # ext

Attachment

P95000037171
D0059417 37171

P95

IMPACT MORTGAGES, INC.
1314 CAPE CORAL PARKWAY E., SUITE 319
CAPE CORAL, FL 33904

OFFICE: (941) 549-3311

FAX: (941) 549-3310



DATE/TIME

6/20/01

TO: DIV of Corp

FROM: Paula Kelly

RE: We did not receive renewal
Please check your
form again - records

Also please note name
change from Paula O'Leary
to Paula Kelly (Due to Divorce)

Thank You

Paula Kelly