

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90027 034 \*\*\*150.00

<b>DOCUMENT #</b> P95000037171			
<b>1. Entity Name</b> Impact Mortgage, Inc. <span style="float:right;">(LA)</span>			
<b>Principal Place of Business</b> 1314 Cape Coral Pkwy Cape Coral, FL 33904		<b>Mailing Address</b> Same	
<b>2. Principal Place of Business</b> Same as ABOVE		<b>3. Mailing Address</b> Same as ABOVE	
<b>Suite, Apt. #, etc.</b> 319		<b>Suite, Apt. #, etc.</b>	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b> 33904	<b>Country</b> USA	<b>Zip</b>	<b>Country</b>
<b>6. Name and Address of Current Registered Agent</b> Linda S Adkins 1314 Cape Coral Pkwy Ste 319 Cape Coral, FL 33904		<b>7. Name and Address of New Registered Agent</b>	
<b>Name</b>		<b>Name</b>	
<b>Street Address (P.O. Box Number is Not Acceptable)</b>		<b>Street Address (P.O. Box Number is Not Acceptable)</b>	
<b>City</b>		<b>City</b>	
<b>FL</b>		<b>Zip Code</b>	
<b>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.</b>			
<b>SIGNATURE</b> <i>Linda Adkins</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>		<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> Linda S Adkins 1314 Cape Coral Pkwy Cape Coral, FL 33904 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Paula O'Leary <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> Paula A. Kelly 1314 Cape Coral Pkwy Cape Coral, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE</b> <i>Paula A. Kelly</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>941-549-3311</b> Date Daytime Phone # <i>ext</i>	

DO NOT WRITE IN THIS SPACE

00059417

CR2E034 (11/00)

Attachment

#P95000037171  
00059417 37171  
p95-37171

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

form again - Please check your records

Also please note name

change from Paula O'Leary  
to Paula Kelly (Due to Divorce)

Thank you

Paula Kelly