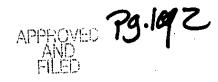
2000 UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # P950000 44943

1. Entity Name

TIMPACT USA INC.

Principal Place of Business Mailing Address

SIGNATURE

00 JUN -9 PM 4:39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 16 / 2000 (727)533-8618.

				(AELA MOULL)	,	
2. Principal F	Place of Business	3. Mailing Address				
CLEARWATER. 61604/MERT			TON Rd	:5/22/00 9007	Z <i>03</i> 3	
Suite, Apt. #, etc. Suite, Apt. #, etc.			7013.3	DO NOT WRITE IN T	HIS SPACE	
2			^	<u> </u>		
City & State			10 71	4. FEI Number	Applied For	
· <u>`</u>		CLEARWAT		59-3319654		
Zip	Country	33760°	untry	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		
0 \	VI. 2 Tas	CP.	Name			
MOREKI SILVEY						
│ <u>.</u> - 	973 BACOPT	P.O. Box Number is Not Acceptable)	•			
LNIT # 105ST PETERSburg						
4LORIDA 337/5			0.7	Ch 17-0-1-		
			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.						
SIGNATURE STATE SAME						
Signature, typed or parted name of registered agent and title if applicable (NOTE: Registered Agent signature requireb when reinstating) DATE						
9. This corporation is eligible to satisfy its Intangible FILE NOWILL FEE IS \$150.00						
Tax filing requirement and elects to do so. After MAY 1/2000 Fee will be \$550.00						
(See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees						
11.	OFFICERS AND D		2.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 11	
TITLE	ROBERT SILYE	Delete II	TLE Y	SE-LKERIGENT	Change Addition	
NAME	PRESIDENT	1 5 4 105 N	AME PE	TER STEFAMOS	/ -	
STREET ADDRESS	4973 BACOPA	FIORIDA	TREET ADDRESS ユシー	5 FAIRWAY XX		
CITY-ST-ZIP			TY-ST-ZIP	LHEDIN +LOR	1dA34698	
TITLE	SECRETARY TR	e as unit	TLE		☐ Change ☐ Addition ☐	
NAME	BARBARA/NO	1 6446 100	AME			
STREET ADDRESS		<i>~</i> 1/	TY-ST-ZIP		•	
CITY-ST-ZIP	StifeTers bur	11-35/13				
TITLE			TLE	•	☐ Change ☐ Addition	
NAME STREET ADDRESS			AME FREET ADDRESS			
CITY-ST-ZIP			TY-ST-ZIP			
TITLE		☐ Delete TI	TLE	 	☐ Change ☐ Addition	
NAME			AME			
STREET ADDRESS	•	· ·	REET ADDRESS	•		
CITY-ST-ZIP		Cr	TY-ST-ZIP			
TITLE .		☐ Defete TI	TLE		☐ Change ☐ Addition	
NAME			ME		V	
STREET ADDRESS		ST	REET ADDRESS	r	1 41	
CITY-ST-ZIP		Cl	TY-ST-ZIP			
TITLE		☐ Delete Til	TLE	N	Change Addition	
NAME			ME	"	11/10	
STREET ADDRESS			REET ADDRESS	\mathcal{L}		
CiTY-ST-ZIP			TY-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 defify 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 exacute 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.						

127) 533-8618 (727) 533-0433(70x) Ingast USA. Inc.
6160 Celmenton Rd.
Suite # 6:0 Clearwater 71.33760 5-16-00 his reached you A les tragant and A monations 15000 That Mr. Sieuer Ausdan to make dure due is OK. Colored 35-00 Check