

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000012344**

1. Entity Name

IMPACT PROMOTIONAL PUBLISHING, INC.

Principal Place of Business

**1546 MAIN STREET
DUNEDIN FL 34698**

Mailing Address

**1546 MAIN STREET
DUNEDIN FL 34698**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3374436

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.
417 E VIRGINIA ST, SUITE 1
TALLAHASSEE FL 32301**

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.

SIGNATURE

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D KLEIN, PETER L	26 E 10TH ST	NY NY 10003	<input type="checkbox"/>

TITLE	D	NAME	MACARIO, SARAH A	<input type="checkbox"/> Delete
STREET ADDRESS	1546 MAIN ST			
CITY-ST-ZIP	DUNEDIN FL 34698			

TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS					
CITY-ST-ZIP					

TITLE		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS					
CITY-ST-ZIP					

TITLE		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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CITY-ST-ZIP					

TITLE		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS					
CITY-ST-ZIP					

TITLE		NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90453 025 ***150.00

753120



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)