## ~2001 UNIFORM BUSINESS REPORT (UBR) May 10, 2001 8:00 am Secretary of State DOCUMENT # P96000027051 1. Entity Name IMPACT MARKETING SERVICES, INC. 05-10-2001 90217 046 \*\*\*150.00 Mailing Address Principal Place of Business 425 14TH AVENUE, N.E. 425 14TH AVENUE, N.E. Luupasar ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 Principal Place of Business 3. Mailing Address 46 SECOND 146 SEZONID ST NORTH Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE SUITE SUITE Applied For City & State 4. FEI Number 59-3374773 Not Applicable \$8.75 Additional 2 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROIDA, JOEL D ESQ. Street Address (P.O. Box Number is Not Acceptable) BROIDA & MCKINNEY, P.A. 605 75TH AVENUE ST. PETE BEACH FL 33706 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D TITLE Change ☐ Addition ☐ Delete TITLE MULLIGAN, SEAN NAME NAME STREET ADDRESS STREET ADDRESS 425 14TH AVENUE, N.E. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ Change ☐ Addition TITLE □ Delete TITLE MULLIGAN, CYNDI NAME 425 14TH AVENUE, N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33701 ☐ Change ☐ Addition −□ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 air address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

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SIGNATURE:

CITY-ST-ZIP

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TITLE NAME

WWW CAITHIA ANNE E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

4/97/01 727-822-0010

Change

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