

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Sep 02, 2003 8:00 am  
Secretary of State

09-02-2003 90185 022 \*\*\*550.00

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DOCUMENT # **P96000027051**



1. Entity Name  
**IMPACT MARKETING SERVICES, INC.**

Principal Place of Business  
**146 SECOND STREET NORTH  
SUITE 107  
ST. PETERSBURG FL 33701**

Mailing Address  
**146 SECOND STREET NORTH  
SUITE 107  
ST. PETERSBURG FL 33701**



2. Principal Place of Business  
**425 14TH AVENUE**

3. Mailing Address  
**425 14TH AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**ST. PETERSBURG, FL**

City & State  
**ST PETERSBURG, FL**

4. FEI Number **59-3374773**

Applied For  
Not Applicable

Zip **33701** Country **US**

Zip **33701** Country **US**

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

**BROIDA, JOEL D ESQ.  
BROIDA & MCKINNEY, P.A.  
605 75TH AVENUE  
ST. PETE BEACH FL 33706**

Name **CYNTHIA MULLIGAN**

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

**425 14TH AVE NE**

City **ST. PETERSBURG FL 33701**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CYNTHIA ALENE MULLIGAN**

**8/28/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
NAME **MULLIGAN, SEAN**  
STREET ADDRESS **425 14TH AVENUE, N.E.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **D**  Change  Addition  
NAME **MULLIGAN, SEAN**  
STREET ADDRESS **585 CHANNEL CT**  
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **D**  Delete  
NAME **MULLIGAN, CYNDI**  
STREET ADDRESS **425 14TH AVENUE, N.E.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

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TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**8/28/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)