## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # p960000063470

1. Entity Name

IMPACT PROTECTION, INC.



## FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90231 032 \*\*\*150.00

|                                  | DO NOT WRIT  | E IN THIS  | SPACE  | 1101651  | 9  |  |
|----------------------------------|--|--|--|--|--|--|
|                                  |  |  | principal announcement of the property of the second of th |  |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |  |  |  |  |
| 71 Foxhall Lane                  |  |  |  | _  |  |  |
| Suite, Apt. #, etc.              |  | Suite, Apt. #, etc.  |  | DO NOT WRITE IN THIS SPACE   |  |  |
| City & State Palm Coast, Florida |  | City & State   |  | 4. FEI Number<br>651015954   | Applied For Not Applicable   |  |
| Zip<br>3 <u>2137</u>             | Country U.S.A.   | Zip  | Country  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required   |  |
|                                  | and the second of the second o |  | Name   | 7. Name and Address of Current Reg   | gistered Agent   |  |
|                                  | DO NOT I   | NRITE  | ALB  | ERT I. CASKILL (P.O. Box Number is Not Acceptable)   |  |  |
| 4                                | the first control of the control of  | the resource of the resource of the resource of the second   |  |  | - '-   |  |
| IN THIS SPACE 71 Foxhall Lane    |  |  |  |  |  |  |
|                                  |  |  | City   | City Palm Coast FL Zip Code 32137  |  |  |
|                                  |  | nt for the purpose of char   |  | ered agent, or both, in the State of Florida   |  |  |
| the obligat                      | ions of registered agent   | Eiskel   | ALBERT I. CASKILL  | 4  | 23/2003  |  |
| Jar                              | Signatury typed or printed name of registered a nuary 1 - May 1 Fee is \$150.00  | The state of the s | (NOTE: Registered Agent signature require  |  | DATE '   |  |
|                                  | After May 1, Fee is \$550.00  Amended UBR is \$61.25  Payable to Florida Departmen   | t of State   |  | Selection Campaign Finance     Trust Fund Contribution.  | ng \$5.00 May Be Added to Fees   |  |
| 10.                              | OFFICERS A   | ND DIRECTORS   |  | on of the grade of the second  |  |  |
| TITLE<br>NAME                    | PAUL CZETTO, JR.   | P/D  | TITLE  |  |  |  |
| STREET ADDRESS                   | 163 Cocoa Drive<br>Tavernier, Florida 33070  |  | STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP                      |  |  | CITY-ST-ZIP  | of the Committee of the |  |  |
| TITLE                            | ALBERT I. CASKIL   | L S/D  | Title  | · · · · · · · · · · · · · · · · · · ·  |  |  |
| NAME<br>STREET ADDRESS           | 71 Foxhall Lane  |  | NAME<br>STREET ADDRESS   |  | od transcorp. The Section of the Constitution  |  |
| CITY-ST-ZIP                      | Palm Coast, Flor   | ida 32137  | -CITY-ST-ZIP   |  |  |  |
| TITLE<br>NAME                    |  |  | TITLE<br>NAME  | A STATE OF THE STA |  |  |
| STREET ADDRESS                   |  |  | STREET ADDRESS   | DO NOT W   | RITE   |  |
| CITY-ST-ZIP                      |  | <del></del>  | CITY-ST-ZIP  | State of the Control  |  |  |
| TITLE NAME                       |  |  | I NAME   | IN THIS SE   | PACE   |  |
| STREET ADDRESS                   |  |  | STREET ADDRESS   | STREET ADDRESS:  |  |  |
| CITY-ST-ZIP                      |  | <u></u>  | Cíty-St-ZIP  |  | · · · · · · · · · · · · · · · · · · ·  |  |
| TITLE<br>NAME                    |  |  | TITLE  |  | # · · · · · · · · · · · · · · · · · · ·  |  |
| STREET ADDRESS                   | iess   |  | STREET ADDRESS   | <b>UDRESS</b>  |  |  |
| CITY-ST-ZIP                      | <u>.</u>   |  | CITY-ST-ZIP  |  |  |  |
| TITLE                            |  |  | TITLE .  | and the second of the second o | The second secon |  |
| NAME<br>STREET ADDRESS           | DRESS  |  | NAME<br>STREET ADDRESS   |  |  |  |
| CITY-ST-ZIP                      |  | •  | CITY-ST-ZIP  | A STATE OF THE PARTY OF THE PAR | The second section is a second |  |
| 12. I hereby c                   | ertify that the information supplied   | with this filing does not quart is true and accurate an  | ualify for the exemption stated in Si  | ection 119.07(3)(i), Florida Statutes. I furt same legal effect as if made under oath:   | her certify that the information   |  |

2. I hereby certify that the information supplied with this fling 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 on an attachment with an address, with all other like approximately.

SIGNATURE:

T B SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2003

(386) 246-4211

Daytime Phone #

R2E034B (12/02