

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-25-2003 90231 032 ***150.00

DOCUMENT # P960000063470

1. Entity Name

IMPACT PROTECTION, INC.



DO NOT WRITE IN THIS SPACE

11016519

2. Principal Place of Business

71 Foxhall Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm Coast, Florida

City & State

4. FEI Number

651015954

Applied For

Not Applicable

Zip

32137

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ALBERT I. CASKILL

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

71 Foxhall Lane

City

Palm Coast

FL

Zip Code
32137

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

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

ALBERT I. CASKILL

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/2003

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PAUL CZETTO, JR. P/D

163 Cocoa Drive

Tavernier, Florida 33070

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ALBERT I. CASKILL S/D

71 Foxhall Lane

Palm Coast, Florida 32137

TITLE

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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/2003

Date

(386) 246-4211

Daytime Phone #

CR2E034B (12/02)