

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91338 025 ***150.00

DOCUMENT # **P97000008278**

1. Entity Name

IMPACT HOCKEY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1900 GLADES RD

3. Mailing Address

Suite, Apt. #, etc.

450

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

4. FEI Number

65-0755131

Applied For

☐ Not Applicable

Zip

33431

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

FRANKEL, MITCHELL

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

1900 GLADES RD

SUITE 450

City

BOCA RATON

FL

Zip Code

33431

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1; Fee is \$550.00

Amended UBR is \$61.25

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 **D**
NAME **FRANKEL, MITCHELL**
STREET ADDRESS **4306 SO OCEAN BLVD**
CITY-ST-ZIP **HIGHLAND BEACH, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **HUGHES, KENT**
STREET ADDRESS **6 WINDMILL LANE**
CITY-ST-ZIP **WESTWOOD, MA 02090**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D**
NAME **HUGHES, MARGARET A**
STREET ADDRESS **1524 SUMMERHILL AVE**
CITY-ST-ZIP **MONTREAL, H3H 1B9 - QUEBEC CA**

TITLE
NAME
STREET ADDRESS
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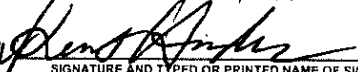
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IN THIS SPACE**

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

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENT HUGHES

4/30/02

Date

(813) 440-9506

Daytime Phone #

CR2E034B (12/01)