

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90400 035 ***150.00

0607074 AT

DOCUMENT # P97000075472

1. Entity Name
IMPACT ADMINISTRATIVE SERVICES, INC.

Principal Place of Business
**2155 RESORT DR
 SUITE 108
 STEAMBOAT SPRINGS CO 80487**

Mailing Address
**2155 RESORT DR
 SUITE 108
 STEAMBOAT SPRINGS CO 80487**

2. Principal Place of Business

3. Mailing Address

2933 JACKS RUN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
WHITE OAK PA

4. FEI Number

58-2338715

Applied For

Not Applicable

Zip

Country

Zip

Country

15131 USA

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

**B & C CORPORATE SERVICES, INC.
 201 S BISCAYNE BLVD
 SUITE 3000
 MIAMI FL 33131**

Name

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

City

FL

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Delete
 NAME **JORDAN, W. NEAL**
 STREET ADDRESS **PO BOX 121 223 B MAIN ST**
 CITY-ST-ZIP **BOXFORD MA 01921**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **C** ☐ Delete
 NAME **CLARK, CHARLES R**
 STREET ADDRESS **333 WEST VINE ST. #206**
 CITY-ST-ZIP **LEXINGTON KY 40507**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **ELKO, ALBERT J**
 STREET ADDRESS **333 WEST VINE ST. #206**
 CITY-ST-ZIP **LEXINGTON KY 40507**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **EMMETT A PAIS**
 STREET ADDRESS **2933 JACKS RUN ROAD**
 CITY-ST-ZIP **WHITE OAK, PA 15131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

Emmett A Pais
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02

Date

412-684-4030

Daytime Phone #

CR2E034 (9/01)