

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068258

1. Entity Name

RUBBER IMPACT TECHNOLOGIES, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90019 029 ***158.75

Principal Place of Business

2141 MAIN ST STE 1
DUNEDIN FL 34698

Mailing Address

2141 MAIN ST STE 1
DUNEDIN FL 34698-5698

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3526243

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MANDELBAUM, SAMMUEL R
401 E. JACKSON ST STE 2400
TAMPA FL 33602

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, 2000 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 ☐ Delete
NAME **D BAGNALL, KEVIN**
STREET ADDRESS **2957 PALMETTO CT.**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Change ☒ Addition
NAME **WILLIAM R. DILLARD**
STREET ADDRESS **1021 COMMODORE ST**
CITY-ST-ZIP **CLEARWATER FL. 33755**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **KEVIN P. LEWELL**
STREET ADDRESS **6722 MARINA PT. VILLAGE #101**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MICHAEL A. HARGETT**
STREET ADDRESS **1949 OAKRIDGE CT**
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **ANTHONY N. AMICO**
STREET ADDRESS **3015 THE RESERVE.**
CITY-ST-ZIP **CLEARWATER FL.**

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 any other like empowered.

SIGNATURE:

Kevin Bagnall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN BAGNALL

02 15 00

Date

727. 423-8993

Daytime Phone #

CR2E034 (9/99)