

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 30, 2000 8:00 am**  
**Secretary of State**  
 08-30-2000 90002 029 \*\*\*150.00

**DOCUMENT # P99000001342**

1. Entity Name

**IMPACT DESIGN TECHNOLOGIES, INC.**

Principal Place of Business

9400 SUN ISLE DRIVE N.E.  
 SAINT PETERSBURG FL 33702

Mailing Address

9400 SUN ISLE DRIVE N.E.  
 SAINT PETERSBURG FL 33702-2624

2. Principal Place of Business

11401 Thonotosassa Rd

Suite, Apt. #, etc.

Thonotosassa, FL.

City & State

Zip 33592 Country USA

3. Mailing Address

Suite, Apt. #, etc.

11401 Thonotosassa Rd.

City & State

Thonotosassa FL

Zip 33592 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-355 0526

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYSKAWA, CHESTER S  
 9400 SUN ISLE DRIVE  
 SAINT PETERSBURG FL 33702

7. Name and Address of New Registered Agent

Name Shauna Schullo

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

11401 Thonotosassa Rd.

City Thonotosassa

FL

Zip Code

33592

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

Shauna Schullo

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

(NOTE: Registered Agent signature required when reinstating)

3/28/00

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

TITLE **PRESIDENT**  
 NAME **Chester S. Lyskawa** ☐ Delete  
 STREET ADDRESS **1934 BALDWIN WAY**  
 CITY-ST-ZIP **BOLINGBROOK, IL 60490**

TITLE **Vice President**  
 NAME **Ray Winkelman** ☐ Delete  
 STREET ADDRESS **11566 Seventh Lane N #1206**  
 CITY-ST-ZIP **St. Petersburg FL 33716**

TITLE **Secretary**  
 NAME **Kim Walker** ☐ Delete  
 STREET ADDRESS **9707 Bay Pines Dr**  
 CITY-ST-ZIP **Tampa FL 33615**

TITLE **Treasurer**  
 NAME **Shauna Schullo** ☐ Delete  
 STREET ADDRESS **11401 Thonotosassa Rd**  
 CITY-ST-ZIP **Thonotosassa, FL 33592**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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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:

Shauna J. Schullo

Shauna J. Schullo 4/15/00 813-974-6816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)