FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91361 020 ***150.00

DOCUMENT # P99000009555

1. Entity Name
Impala Verde, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3225 S. Macdill Ave	3225 S. Macdill Ave
Suite, Apt. #, etc. ~~3225~~ Suite 129105	Suite, Apt. #, etc. Suite 129105
City & State Tampa, FL	City & State Tampa, FL
Zip 33629 Country USA	Zip 33629 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-361-0878 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Wallace, Michael R, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 4601 W. Kennedy Blvd
Suite 104
City: Tampa **FL** Zip Code: 33609

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] Mike R. Wallace 4-21-03
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	CEO
NAME	PULCINI, PAUL M.
STREET ADDRESS	3225 S. Macdill Ave #129105
CITY-ST-ZIP	Tampa, FL 33629

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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] 4/21/03 (813) 215-6493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034R (12/01)