

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90155 035 ***150.00

DOCUMENT # P99000032463

1. Entity Name

TOTAL MARKET IMPACT, INC.

Principal Place of Business

4834 W. GANDY BLVD.
TAMPA FL 33611

Mailing Address

5132 W. SAN JOSE
TAMPA FL 33629

2. Principal Place of Business

9910 Skewlee Rd

Suite, Apt. #, etc.

#12

3. Mailing Address

9910 Skewlee Rd

Suite, Apt. #, etc.

#12

City & State

Thonotosassa, FL

City & State

Thonotosassa, FL

Zip

Country

33592

USA

Zip

Country

33592

USA

4. FEI Number

59-3577152

Applied For

Not Applicable

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

GERACE, FRANK K
5132 W. SAN JOSE
TAMPA FL 33629

Name

F. K Gerace

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

9910 Skewlee Rd

#12

City

Thonotosassa, FL

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

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, 2001 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
STREET ADDRESS GERACE, FRANK K
CITY-ST-ZIP 5132 W. SAN JOSE
TAMPA FL 33629

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Gerace, Frank K
CITY-ST-ZIP P.O. Box 2167
cleveland, GA 30528

TITLE ☐ Delete
NAME D
STREET ADDRESS GERACE, KAROL L
CITY-ST-ZIP 5132 W. SAN JOSE
TAMPA FL 33629

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Gerace, KAROL L
CITY-ST-ZIP P.O. Box 2167
cleveland, GA 30528

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Gerace, F. Kenneth
CITY-ST-ZIP 9910 Skewlee Rd #12
Thonotosassa, FL 33592

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

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: KAROL L. Gerace 4/29/01 706-865-7502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)