

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000032463****1. Entity Name**
TOTAL MARKET IMPACT, INC.**FILED**
Jun 26, 2002 8:00 am
Secretary of State

06-26-2002 90072 017 ***550.00

Principal Place of Business**9910 SKEWLEE RD**
#12
THONOTOSASSA FL 33592**Mailing Address****9910 SKEWLEE RD**
#12
THONOTOSASSA FL 33592

00125934



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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****GERACE, FRANK K**
9910 SKEWLEE RD
#12
THONOTOSASSA FL 33592**7. Name and Address of New Registered Agent**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	GERACE, FRANK K	
STREET ADDRESS	P.O. BOX 2167	
CITY-ST-ZIP	CLEVELAND GA 30528	
TITLE	D	<input type="checkbox"/> Delete
NAME	GERACE, KAROL L	
STREET ADDRESS	P.O. BOX 2167	
CITY-ST-ZIP	CLEVELAND GA 30528	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNETH, GERACE	
STREET ADDRESS	9910 SKEWLEE RD #12	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)