2000 UNIFORM BUSINESS REPORT (UBR

2000	UNIFURM BUSI	MESS REPU	i (UDh	L)					
DOCUMENT # P9900060352 1. Entity Name					FILED Apr 17, 2000 8:00 am Secretary of State				
IMPACT ENTERPRISES OF SOUTH FLORIDA, INC.							y of Sta		
Principal Plac	e of Business	Mailing Address							
228 SE PELICAI STUART FL 349		228 SE PELICAN DRIVE STUART FL 34996-2618							
Principal Place of Business 3. Mailing Address									
/5-0 / Suite, Apt.	Oecker Ave	P 0 B x 1777 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	e 1		City & Style Strant, FC			4. FEI Number Applied For Not Applicable			
Zip 34			Country	5.	Certificate of S	tatus Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
PRINZ, BETH TEARDO Street Address (Number is	•			
	S. FEDERAL HIGHWAY ART FL 34994		1/1	<u>و کړ ځ.</u>	E Pul	Not Acceptable)	· · · · · · · · · · · · · · · · · · ·		
			// in/ S	Stum	F		FL ZigSig	996	
8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.									
SIGNATURE MICHAE WAIKE Signature, typed or printed name of registered agent and title if applicable. (NOTE Agristered Agent signature required when reinstating) DATE							<u>, </u>		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State			4	n Campaign Finar und Contribution.		May Be	
11.4 1. 1. 1.	OFFICERS AND		12.	A[DDITIONS/CHA	ANGES TO OFFIC	ERS AND DIRECTOR		
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NAME STREET ADDRESS CITY-ST-ZIP	BJ Walled		NAME STREET ADDRESS CITY-ST-ZIP	SZV	Pelica :	Dr 34496			
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NAME ** STREET ADDRESS CITY-ST-ZIP		1	NAME STREET ADDRESS CITY-ST-ZIP		~-		_ v , g		
13,6 hereby	certifying the information supplied yit to nothis report or supplemental report proration or the receiver or trusted yim.	his filing does not qualify for the true and accurate and that my overed to execute this report as	ne exemption state signature shall has required by Chap	ed in Section we the same oter 607, Flori	119.07(3)(i), Flo legal effect as i ida Statutes; an	orida Statutes. I fu if made under oati id that my name a	rther certify that the in h; that I am an officer ppears in Block 11 or	formation or director Block 12 if	
SIGNAT	or on an attachment with an address to	with all other like empowered.	. 1	Presil	1	3- 85-C		. , .	
JOHNA	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OR	DIRECTOR	•		Date	Daytime Phone #		