

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 06, 2000 8:00 am  
Secretary of State

07-06-2000 90007 007 \*\*\*150.00

DOCUMENT # P99000088682

1. Entity Name  
High Impact Atlantic, Inc.

Principal Place of Business Mailing Address

2642 Forest Hill Blvd. Ste.E  
West Palm Beach, Fl. 33406

(Same)

2. Principal Place of Business

2642 Forest Hill Blvd.

Suite, Apt. #, etc.

Suite E

City & State

West Palm Beach

Zip

33406

Country

Palm Beach

3. Mailing Address

2642 Forest Hill Blvd.

Suite, Apt. #, etc.

Suite E

City & State

West Palm Beach

Zip

33406

Country

Palm Beach

4. FEI Number

65-0953474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Bruce S. Butler  
9481 S. Hampton Place  
Boca Raton, Fl. 33434

7. Name and Address of New Registered Agent

Name

Seleta H. Barson

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

4913 Sable Pine Circle

Apt. 926-E

City

West Palm Beach

FL

Zip Code

33417

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 Seleta H. Barson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/23/00

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	<input type="checkbox"/> Delete
NAME	Gordon Sherwood	
STREET ADDRESS	862 Marginal Road	
CITY-ST-ZIP	West Palm Beach, Fl. 33411	
TITLE	Secretary & Treasurer	<input type="checkbox"/> Delete
NAME	Seleta H. Barson	
STREET ADDRESS	4913 Sable Pine Circle (926-E)	
CITY-ST-ZIP	West Palm Beach, Fl. 33417	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)