

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90427 015 ***150.00

DOCUMENT # P99000092782

1. Entity Name

IMPACT Creative Services Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

38341 Echols Rd

Suite, Apt. #, etc.

3. Mailing Address

PO Box 350773

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Grand Island, FL

City & State

Grand Island, FL

4. FEI Number

593607157

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Lori Lightfoot

Street Address (P.O. Box Number is Not Acceptable) 38341 Echols Road

City Grand Island

FL

Zip Code 32735

**DO NOT WRITE
IN THIS SPACE**

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

Lori Lightfoot; President

05-01-02

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 NAME STREET ADDRESS CITY - ST - ZIP	D/P/T/S Lightfoot Creative Services Inc. Lori Lightfoot 38341 Echols Road Grand Island, FL 32735
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lori Lightfoot; President 05-01-02 (352-483-7464)

CR2E034B (12/01)