2001 UNIFORM BUSINESS REPORT (UBR)

[redacted]

07-19-2001 90004 034 ****61.25
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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A0078366
DO NOT WRITE IN THIS SPACE

DOCUMENT # [redacted]

1. Entity Name

The Impact Group, Inc.

Principal Place of Business	Mailing Address
P.O. Box 273698 Boca Raton, FL 33427	

2. Principal Place of Business	3. Mailing Address
P.O. Box 273698	P.O. Box 273698
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33427 Country: Palm Beach	Zip: 33427 Country: Palm Beach

4. FEI Number: 650308419 ☐ 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
Keenan, Raymond 3751 N.E. 28 Ave. Lighthouse Point, FL 33064	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE MONTH FEE IS $150.00
After MAY 1, 2001 Fee will be $300.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P Long, John M. 350 Golden Harbor Dr Boca Raton, FL 33432	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DeFrain, Robert P. 7630 Silverwoods Ct. Boca Raton, FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T/D DeFrain, Robert P. 7630 Silverwoods Ct. Boca Raton, FL 33433	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Keenan, Raymond P. 3751 N.E. 28 Ave. Lighthouse Point, FL 33064	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/D Keenan, Raymond P. 3751 N.E. 28 Ave. Lighthouse Point, FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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: Robert P. DeFrain 7/13/01 561-432-0571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #