

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000036747**1. Entity Name
LOYAL SCOOP, INC.

Principal Place of Business	Mailing Address
15 8TH ST., STE. D	15 8TH ST., STE. D
BONITA SPRINGS FL	BONITA SPRINGS FL
34134	34134

2. Principal Place of Business
15 8TH STREET3. Mailing Address
15 8TH STREETSuite, Apt. #, etc.
SUITE DSuite, Apt. #, etc.
SUITE D

DO NOT WRITE IN THIS SPACE

City & State	City & State
BONITA SPRINGS FL	BONITA SPRINGS FL

4. FEI Number

Applied For
<input checked="" type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
34134	US	34134	US

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**ZIMMERMAN DAVID
15 8TH ST., STE. DBONITA SPRINGS FL
34134

Name

ZIMMERMANN DAVID J

Street Address (P.O. Box Number is Not Acceptable)
15 8TH STREET

SUITE D

City
BONITA SPRINGS

FL

Zip Code
34134

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 **DAVID ZIMMERMANN****04/30/2001**

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ZIMMERMANN SARAH TVP		
STREET ADDRESS	27295 TENNESSEE STREET		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		
TITLE	PRES	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ZIMMERMANN DAVID JPRES		
STREET ADDRESS	27295 TENNESSEE STREET		
CITY-ST-ZIP	BONITA SPRINGS FL 34135		
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
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: DAVID ZIMMERMANN**PRES****04/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)