

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90006 038 ***150.00

0036274 AV

DOCUMENT # P01000095792

1. Entity Name
ZIMMER REPORTING, INC.

Principal Place of Business
7800 POINT MEADOWS DR., #518
JACKSONVILLE FL 32256

Mailing Address
7800 POINT MEADOWS DR., #518
JACKSONVILLE FL 32256



2. Principal Place of Business
10455 Creston Glen Cr. E.

3. Mailing Address
10455 Creston Glen Cr. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3749643

Applied For
 Not Applicable

Zip
32256

Country
USA

Zip
32256

Country
USA

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

ZIMMER, MARGARET A
7800 POINT MEADOWS DR., #518
JACKSONVILLE FL 32256

Name
Same

Street Address (P.O. Box Number is Not Acceptable)
10455 Creston Glen Cr. E.

City
Jacksonville

FL

Zip Code
32256

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 **Margaret A. Zimmer**

4/2/02

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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
DPST
 NAME
ZIMMER, MARGARET A
 STREET ADDRESS
7800 POINT MEADOWS DR., #518
 CITY-ST-ZIP
JACKSONVILLE FL 32256

TITLE
Zimmer, Margaret A.
 NAME
10455 Creston Glen Cr. E.
 STREET ADDRESS
Jacksonville, FL 32256
 CITY-ST-ZIP
JACKSONVILLE FL 32256

TITLE
V
 NAME
SCHMIDT, DEBRA C
 STREET ADDRESS
215 WOODLAND CT.
 CITY-ST-ZIP
KOHLER WI 53044

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: **Margaret A. Zimmer**
MARGARET A. ZIMMER
PRESIDENT

4/2/02

(904)241-2533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)