

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000074348**1. Entity Name
LOADER-UP, INC.

Principal Place of Business

4411 BEE RIDGE ROAD
STE. 340
SARASOTA
34233

US

FL

Mailing Address

4411 BEE RIDGE ROAD
STE. 340
SARASOTA
34233

US

FL

2. Principal Place of Business

4411 BEE RIDGE ROAD

3. Mailing Address

4411 BEE RIDGE ROAD

Suite, Apt. #, etc.

STE. 636

Suite, Apt. #, etc.

STE. 636

City & State

SARASOTA

FL

City & State

SARASOTA

FL

Zip

34233

Country

US

Zip

34233

Country

US

4. FEI Number

65-0610970

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

LEWIS KURT F
6624 GATEWAY AVE

SARASOTA

34231

US

FL

7. Name and Address of New Registered Agent

Name

MAGLICH DAVID S

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

1515 RINGLING BLVD., STE. 1000

City

SARASOTA

FL

Zip Code

34236

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 S. MAGLICH****05/01/2001**

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

TITLE VS ☐ Delete
NAME JACOBS EDWARD L.
STREET ADDRESS 4411 BEE RIDGE RD, #340
CITY-ST-ZIP SARASOTA FLTITLE PT ☐ Delete
NAME JACOBS PATRICIA A.
STREET ADDRESS 4411 BEE RIDGE RD, STE. 340
CITY-ST-ZIP SARASOTA FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS ☒ Change ☐ Addition
NAME JACOBS EDWARD L.
STREET ADDRESS 4411 BEE RIDGE RD, #636
CITY-ST-ZIP SARASOTA FL 34233TITLE PT ☒ Change ☐ Addition
NAME JACOBS PATRICIA A
STREET ADDRESS 4411 BEE RIDGE RD, STE. 636
CITY-ST-ZIP SARASOTA FL 34233TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **PATRICIA A. JACOBS**

PT

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)