

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091589

1. Entity Name

WHAT A SCOOP, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90033 012 ***150.00

Principal Place of Business

Mailing Address

C/O BRUCE DAVIES
12715 135TH STREET. N.
LARGO FL 33774

C/O BRUCE DAVIES
12715 135TH STREET. N.
LARGO FL 33774-2419

2. Principal Place of Business

12715 138TH St. N.

3. Mailing Address

12715 138TH St. N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

LARGO, FL

Zip

33774

Country

FLORIDA

Zip

33774

Country

FLORIDA

4. FEI Number

59-3541164

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

DAVIES, BRUCE
12715 135TH STREET, N.
LARGO FL 33774

Name BRUCE DAVIES

Street Address (P.O. Box Number is Not Acceptable)
12715 138TH St. N.

City LARGO

FL

Zip Code

33774

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.

CORRECTED ADDRESS

SIGNATURE *Bruce Davies*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/2000

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
NAME ST THOMPSON, VICTORIA
STREET ADDRESS 13589 CROFT DR. SOUTH
CITY-ST-ZIP LARGO FL 33774 ☐ Delete

TITLE
NAME PRES. DAVIES, BRUCE
STREET ADDRESS 12715 138TH ST N
CITY-ST-ZIP LARGO, FL 33774 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)