

2000 UNIFORM BUSINESS REPORT (UBR)

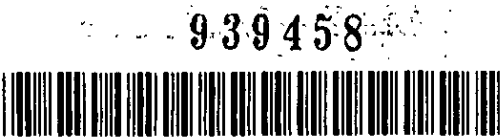
DOCUMENT # G52510

Entity Name
FOOT CARE CENTER, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90114 043 ***150.00

Principal Place of Business P.O. BOX 23819 LAUDERDALE FL 33307	Mailing Address C/O P.O. BOX 23819 FT. LAUDERDALE FL 33307
--	--

Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
---	--



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2453796	Applied For Not Applicable
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHERER, DAVID C. 1740 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33334	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

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 Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
--	--	------

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, 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
--	--------------------------	--	---	--------------------------	-----------------------------

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
PD SCHERER, DAVID C. 1740 E. COMMERCIAL BLVD FT LAUDERDALE, FL 00000	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition

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	3/20/00 Date	776-0000 Daytime Phone #
--	-----------------	-----------------------------

CR2E034 (9/99)