2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State
03-21-2001 90004 001 ***150.00

0015916

DOCUMENT # P00000027660

1. Entity Name
ROUND TOED SNEAKERS, INC.

Principal Place of Business	Mailing Address
4131 UNIVERSITY BLVD. SOUTH BLDG., 11, SUITE B JACKSONVILLE FL 32216	~~4131 UNIVERSITY BLVD. SOUTH~~ ~~BLDG., 11, SUITE B~~ ~~JACKSONVILLE FL 32216~~

315300

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. Box 600457
Suite, Apt. #, etc.	Suite, Apt. #, etc. —
City & State	City & State Jacksonville, FL
Zip / Country	Zip 32260-0457 Country USA

4. FEI Number 59-3635738 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILBUR, JOHN H
112 WEST ADAMS STREET, SUITE 1700
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name Marla D. Golden, D.O.
Street Address (P.O. Box Number is Not Acceptable) 4131 University Blvd. S.
Bldg. 11, Suite B
City Jacksonville **FL** Zip Code 32216

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 [signature] DO — 3/16/01
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 NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, MARLA D D.O. 4131 UNIVERSITY BLVD., S. BLDG., 11, STE B JACKSONVILLE FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] DO — 3/16/01 — 904 443 6345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #