2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State
01-14-2003 90065 040 ***150.00

DOCUMENT # P00000027660

1. Entity Name
ROUND TOED SNEAKERS, INC.

Principal Place of Business	Mailing Address
12276 SAN JOSE BLVD STE 104 JACKSONVILLE FL 32223	12276 SAN JOSE BLVD STE 104 JACKSONVILLE FL 32223

☐ CHECK HERE IF MAKING CHANGES

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

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

GOLDEN, MARLA D D.O.
~~4131 UNIVERSITY BLVD. S.~~
~~BLDG. 11, SUITE B~~
~~JACKSONVILLE FL 32216~~

7. Name and Address of New Registered Agent

Name: Marla D. Golden, D.O.
Street Address (P.O. Box Number is Not Acceptable): 12276 San Jose Boulevard Suite 104
City: Jacksonville FL Zip Code: 32223

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] M.D. Golden, D.O. 1/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. 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	same 12276 SanJose Blvd, Suite 104 Jacksonville, FL 32223	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] RECEIVED 1/9/03 904-880-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #