

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91311 049 ***150.00

0011202

DOCUMENT # P97000097111

1. Entity Name
RIGHT FOOT FORWARD, INC.

Principal Place of Business
**ONE INDEPENDENT DR., STE. 2301
 JACKSONVILLE FL 32202**

Mailing Address
**ONE INDEPENDENT DR., STE. 2301
 JACKSONVILLE FL 32202**

057552



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Right Foot Forward
 Suite, Apt. #, etc.

3. Mailing Address
1027 St Augustine Rd.
 Suite, Apt. #, etc.

City & State
Jacksonville Florida

Zip
32217

Country
Duval

City & State
 City

Country

4. FEI Number **59-3480973**

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

HOLBROOK, H. LEON-III
ONE INDEPENDENT DR., STE. 2301
JACKSONVILLE FL 32202

Name

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

City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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 **VPS** Delete
 NAME **MILLER, MICHAEL**
 STREET ADDRESS **1650 HAMILTON ST., STE. 5**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **VPS** Change Addition
 NAME **Miller, Michael**
 STREET ADDRESS **6271 St Augustine Rd. ste. 10**
 CITY-ST-ZIP **Jacksonville, Fl. 32217**

TITLE **PT** Delete
 NAME **MILLER, DONNA**
 STREET ADDRESS **1650 HAMILTON ST., STE. 5**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **PT** Change Addition
 NAME **Miller, Donna**
 STREET ADDRESS **6271 St Augustine Rd. ste. 10**
 CITY-ST-ZIP **Jacksonville, Fl. 32217**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
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TITLE Delete
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 CITY-ST-ZIP

TITLE 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 **Donna Miller / Donna Miller** **5-1-01** **904-737-1234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)