2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 16, 2002 8:00 am Secretary of State DOCUMENT # P98000033511 1. Entity Name 01-16-2002 90071 010 ***150.00 THE WALKING SHOE SHOP INC. Principal Place of Business Mailing Address 1415 TIMBERLANE RD 1415 TIMBERLANE RD **UNIT 321 UNIT 321** TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3513750 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PADGETT, T E Street Address (P.O. Box Number is Not Acceptable) THE WALKING SHOE SHOP, MAR. SQ. # 321 1415 TIMBERLANE RD TALLAHASSEE FL 32312 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITI F ☐ Change ☐ Addition PADGETT, E L NAME NAME STREET ADDRESS STREET ADDRESS 1415 TIMBERLANE RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 TITLE ☐ Delete TITLE Addition Ti Change ST NAME NAME PADGETT, T E STREET ADDRESS STREET ADDRESS 1415 TIMBERLANE RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 ith all other like empowered.

Daytime Phone #