

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # F99000004553**1. Entity Name
B. COMFORTABLE SHOES, INC.Principal Place of Business
1516 E SAVENTS AVE
TAMPA FL 33605
Mailing Address
207 CASPLAN ST.
TAMPA FL 336062. Principal Place of Business
1516 E SEVENTH AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA FL

City & State

4. FEI Number
16-1310838
Applied For
Not ApplicableZip
33605
CountryZip
Country5. 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

VERONA BRETT
308 SOUTH WESTLAND AVE.TAMPA FL
33606 US

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 _____ 04/16/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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 DV ☐ Delete
NAME FRIEDMAN RANOE
STREET ADDRESS 207 CASPLAN ST.
CITY-ST-ZIP TAMPA FL 33606TITLE DV ☒ Change ☐ Addition
NAME FRIEDMAN RANOE
STREET ADDRESS 1516 E. SEVENTH AVE
CITY-ST-ZIP TAMPA FL 33605TITLE CPST ☐ Delete
NAME FRIEDMAN RANOE
STREET ADDRESS 207 CASPLAN ST.
CITY-ST-ZIP TAMPA FL 33606TITLE CPST ☒ Change ☐ Addition
NAME FRIEDMAN RANOE
STREET ADDRESS 1516 E. SEVENTH AVE.
CITY-ST-ZIP TAMPA FL 33605TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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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: RANDE FRIEDMAN**PRES 04/16/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)