2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J49003

1. Entity Name: Williams Shoes Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 28 AM 11:51

Principal Place of Business	Mailing Address
488 TYRONE SQ MALL ST PETE. FL 33710	P.O BOX 5322 TAMPA FL 33675

2. Principal Place of Business	3. Mailing Address
488 TYRONE SQ MALL	P.O. BOX 5322
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST PETE FL	City & State: TAMPA FL
Zip: 33710 Country: U.S.A.	Zip: 33675 Country

DO NOT WRITE IN THIS SPACE
05-23-01 91167 033 $150.00 $150.00

4. FEI Number: 59-2746445 ☐ 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
RICHARD ZACUR 5200 CENTRAL AVE ST PETE FL 33710	Name: RANDE FRIEDMAN Street Address (P.O. Box Number is Not Acceptable): 1516 E. SEVENTH AVE City: TAMPA FL Zip Code: 33605

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] RANDE FRIEDMAN 06/18/01
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	CPST FRIEDMAN RANDE 3307 LAKEWOOD Dr TAMPA FL 33618	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DU FRIEDMAN, RANDE 3307 LAKEWOOD Dr TAMPA FL 33618	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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] RANDE FRIEDMAN 813 334 4489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #