## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P0000015505  1. Entity Name BEACHWALK SHOES, INC.				Secretary of State 07-24-2001 90006 018 ***550.00
104 MARKET	ce of Business STREET BEACH FL 32413	Mailing Address 104 MARKET STREET PANAMA CITY BEACH FL	32413	( 100/100) III 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11
2. Principal Place of Business 1 04 Market STREET 9375 Huy 9 Suite, Apt. #, etc. Suite, Apt. #, etc.  City & State  2. Principal Place of Business 3. Mailing Address 9375 Huy 9 City & State City & State			y 98 W_	DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For
Pana 32413	→ Country 1	Destin, zip 32541	Country Walton	5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent
HARDY, E 104 MARK PANAMA (	DDY L SR KET STREET CITY BEACH FL 32413 Innamed entity submits this statement for the statement of the statement for the	<u> </u>	City	s (P.O. Box Number is Not Acceptable)  FL Zip Code tered agent, or both, in the State of Florida.
Tax filing	Signature, typed or printed plane of phistered agent and praction is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!	: Registered Agent signature requirements of St. Registered Agent signature requirements of St. Registered Agent a	i0.00 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D  HARDY, EDDY L SR 104 MARKET STREET PANAMA CITY BEACH FL 32413	IRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, MARY A 104 MARKET STREET PANAMA CITY BEACH FL 32413	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition }
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Tradain City Ballotte Carro	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deletė	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. I hereby	t on this report or supplemental report is to reporation or the receiver or trustee empower, or on an attachment with a readdress, wi	rua and coourate and that n	ny signature shall have th as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information le same legal effect as if made under oath; that I am an officer or director 307, Florida Statutes; and that my name appears in Block 11 or Block 12 if

07-20-11 850-837-5466 Date Daytime Phone #