

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000035354**1. Entity Name
FOOTPRINTZ UNLIMITED, INC

Principal Place of Business 1128 OCALA RD. K-1 TALLAHASSEE FL 32304	Mailing Address 1128 OCALA RD. K-1 TALLAHASSEE FL 32304
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable5. 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

HALL MICHAEL W
1128 OCALA RD. K-1**TALLAHASSEE FL**
32304

Name

HALL MICHAEL WCEOStreet Address (P.O. Box Number is Not Acceptable)
1128 OCALA RD. K-1City
TALLAHASSEE**FL**Zip Code
32304

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 **MICHAEL HALL****04/30/2001**

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL MICHAEL W	
STREET ADDRESS	1128 OCALA RD K-1	
CITY-ST-ZIP	TALLAHASSEE FL 32304	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL MARSHA L	
STREET ADDRESS	1602 MASS. AVENUE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH CHARLES P	
STREET ADDRESS	1920 PRIMBLE RD	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER DONELL	
STREET ADDRESS	1128 OCALA RD K-1	
CITY-ST-ZIP	TALLAHASSEE FL 32304	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Michael Hall**

CEO

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)