FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91500 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000110777**

1. Entity Name
SHOESPOT INC.

Principal Place of Business	Mailing Address
2005 PAN AM CIR STE 500 TAMPA, FL 33607	2005 PAN AM CIR STE 500 TAMPA, FL 33607

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1202 NORTH B ST. W	6707 NORTH Himes Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33606 Country:	Zip: 33614 Country:

4. FEI Number: 39-3681661 ☐ 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
VANOVER, SCOTT 6707 NORTH HIMES AVENUE TAMPA, FL 33614	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] PRESIDENT 3/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VANOVER, SCOTT 3225 S MACDILL AVE STE 119 TAMPA, FL 33629 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VANOVER SCOTT 6707 NORTH Himes Ave TAMPA FL 33614 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PRESIDENT 3/1/03 8138761223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)