

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

3/

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90031 008 \*\*\*150.00

DOCUMENT # P01000039422

1. Entity Name

Designer Shoes, Inc.  
P.O. Box 37295  
Jacksonville, FL 32236

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

6042 Brookridge Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Jacksonville, FL

4. FEI Number

59-3714156

Applied For

Not Applicable

Zip

Country

Zip

32210

Country

Duval

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Barney Adams

Street Address (P.O. Box Number is Not Acceptable)

6042 Brookridge Rd

City

Jacksonville

FL

Zip Code

32210

**DO NOT WRITE  
IN THIS SPACE**

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, 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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President  
Barney S. Adams  
6042 Brookridge Rd  
Jacksonville, FL 32210

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Barney S. Adams

Barney S. Adams

Date

2-28-02

Daytime Phone

904-434-5470

CR2E034B (12/01)