

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90040 030 ***150.00

DOCUMENT # P01000098090

1. Entity Name

THE FLORIDA SHOE COMPANY, INCORPORATED

Principal Place of Business

**720 OAKLAND HILLS CIRCLE
SUITE 214
LAKE MARY FL 32716**

Mailing Address

**720 OAKLAND HILLS CIRCLE
SUITE 214
LAKE MARY FL 32716**

2. Principal Place of Business

510 DOUGLAS AVE

Suite, Apt. #, etc.

SUITE 1045

City & State

ALTAMONTE SPRINGS

Zip

32714

Country

SEMINOLE

3. Mailing Address

249 E SHEPPARD ST

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS

Zip

32701

Country

SEMINOLE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3749565

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FOGG, JONATHAN

249 EAST SHEPPARD STREET

ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

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.

SIGNATURE **JONATHAN FOGG**

Signature, typed or printed name of registered agent and title if applicable.

[Signature]

(NOTE: Registered Agent Signature required when reinstating)

04/17/02

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	FOGG, JONATHAN	
STREET ADDRESS	249 E SHEPPARD STREET	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DRAZEN, DENNIS	
STREET ADDRESS	156 HARSTON COURT	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERI TYREE	
STREET ADDRESS	249 E SHEPPARD ST	
CITY-ST-ZIP	ALTAMONTE SPRING, FL, 32701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JONATHAN FOGG

APRIL 17, 2002 (407) 342-6966

Date

Daytime Phone #

CR2E034 (9/01)