

DOCUMENT # P94000074631

1. Entity Name  
TIPS TO TOES, INC.

Principal Place of Business      Mailing Address  
8086 W SAMPLE RD      8086 WEST SAMPLE ROAD  
CORAL SPRINGS FL 33065      CORAL SPRINGS FL 33065  
US      US

2. Principal Place of Business      3. Mailing Address  
8010 W. SAMPLE RD      8010 W. SAMPLE RD  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
CORAL SPRING, FL.      CORAL SPRINGS, FL  
Zip      Country      Zip      Country  
33065      USA      33065      USA

6. Name and Address of Current Registered Agent  
DENERO, SUZANNE  
8086 WEST SAMPLE ROAD  
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent  
Name      DENERO, SUZANNE  
Street Address (P.O. Box Number is Not Acceptable)  
8010 WEST SAMPLE ROAD  
City      Zip Code  
CORAL SPRINGS FL      33065

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) ☐

**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      \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	DENERO, SUZANNE
CITY-ST-ZIP	8086 WEST SAMPLE ROAD
	CORAL SPRINGS FL 33065
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	<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: Suzanne L. Denero      1/6/01      954 341-1779  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**FILED**  
**Jan 12, 2001 8:00 am**  
**Secretary of State**

01-12-2001 90005 001 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number      65-0521511      Applied For  
Not Applicable

5. Certificate of Status Desired      ☐ \$8.75 Additional  
Fee Required

CR2E034 (10/00)