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DOCUMENT # P94000076612

1. Entity Name

SHOES BY SHOES, INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

6923 NORTH NINTH AVENUE
PENSACOLA FL 32504

Mailing Address

6923 NORTH NINTH AVENUE
PENSACOLA FL 32504-6638

2. Principal Place of Business

7170 N 9th Ave

Suite, Apt. #, etc.

3. Mailing Address

7170 N 9th Ave

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

59-3281835

Applied For

Not Applicable

Zip

32504

Country

Zip

32504

Country

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

6. Name and Address of Current Registered Agent

DODGE, CLAYTON
6923 NORTH NINTH AVENUE
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name

William Michael Dodge

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

7170 N 9th Ave

City

PENSACOLA

FL

Zip Code

32504

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

William M. Dodge President

2/23/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Delete
	DODGE, CLAYTON	3005 BARRANCAS AVENUE	PENSACOLA FL 32507	☒

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
	William Michael Dodge	5401 Charban Dr.	PENSACOLA, FL 32526	☐	☒

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
	Elana Lorraine Rich	5401 Charban Dr.	PENSACOLA, FL 32526	☐	☒

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
	William E Dodge	907 Blue Spring Dr	PENSACOLA, FL 32505	☐	☒

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
				☐	☐

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:

Elana L. Rich TREASURER 1-16-00 850-474-1499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #