

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90328 046 \*\*\*150.00

**DOCUMENT # P96000076055**

1. Entity Name

**DESIGNER SHOE OF FLORIDA, INC.**

Principal Place of Business

COLONIAL PLAZA MARKET CENTER  
 2790 E COLONIAL DR. SUITE 300  
 ORLANDO FL 32803

Mailing Address

COLONIAL PLAZA MARKET CENTER  
 2790 E COLONIAL DR. SUITE 300  
 ORLANDO FL 32803

**00030304**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2790 E. Colonial Dr.**  
 Suite, Apt. #, etc.  
**#300**

3. Mailing Address

**11381 South Bridge**  
 Suite, Apt. #, etc.  
**PKW**

City & State

**ORLANDO, FLA.**  
 Zip  
**32803** Country  
**USA**

City & State

**Alpharetta, GA.**  
 Zip  
**30097** Country  
**USA**

4. FEI Number

**59-3394471**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CHOYCE, CHARLES V JR**  
**390 N ORANGE AVE, SUITE 1285**  
**ORLANDO FL 32801-1641**

**407 5-425-1814**

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

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  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHANNON, JOHN F	
STREET ADDRESS	241 SOUTHERN HILL DR	
CITY-ST-ZIP	DULUTH GA 30155	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LINDEN, HARVEY	
STREET ADDRESS	9301 WYNYARD PL	
CITY-ST-ZIP	BURKE VA 22015	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHANNON, BARBARA	
STREET ADDRESS	241 SOUTHERN HILL DR	
CITY-ST-ZIP	DULUTH GA	
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(2)(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 of Block 12, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Barbara Shannon, Treas** 1-10-2001 393081  
 678-

CR2E034 (10/00)

0062735