2000-UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with a

SIGNATURE:

ddress, with all other like empowered.

FILED DOCUMENT # P9700003764 Aug 29, 2000 8:00 am Secretary of State 1. Entity Name HAPPY SOLES/BIRKENSTOCK, INC. 08-29-2000 90033 035 ***150.00 Mailing Address Principal Place of Business 1474-WEST GRANADA BLVD. 1474 WEST GRANADA BLVD. ORMOND BEACH FL 32174 OBMOND BEACH FL 32174 Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Oty & State 59-3422288 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent eritan STEFFEY, FRED H Street Address (P.O. Box Number is Not Acceptable) 6620 SOUTHPOINT DR S#300 JACKSONVILLE FL 32216-0913 8. The above named entiresubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. eman (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITI F ☐ Defete TITLE NAME 1474 WEST GRANADA BLVD, 221 Ga ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 Gal F Breeze CITY-ST-ZIP Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME " STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TYTLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-73P 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

AHachment DU82316 DU82316 My 23, 2000 allahassee, Il 32314 Whom It May Concern me by the