

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003764

1. Entity Name

HAPPY SOLES/BIRKENSTOCK, INC.

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90004 034 ***150.00

Principal Place of Business

Mailing Address

~~221~~ GULF BREEZE PKWY
GULF BREEZE FL 32561

~~221~~ GULF BREEZE PKWY
GULF BREEZE FL 32561

2. Principal Place of Business

913 Gulf Breeze Pkwy #13
Suite, Apt. #, etc.
13

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Gulf Breeze FL

City & State

Zip
32561 Santa Rosa 32561

4. FEI Number

59-3422288

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEMAN, PEGGY S
913 ~~221~~ GULF BREEZE PKWY #13
GULF BREEZE FL 32561

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 Peggy S. Freeman, Pres. / Peggy S. Freeman, Pres. 3-5-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FREEMAN, PEGGY	
STREET ADDRESS	221 GULF BREEZE PKWY	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	Vice Pres. Lisa McEllan Blocker	<input type="checkbox"/> Delete
NAME	707 Chesapeake Dr	
STREET ADDRESS	Gulf Breeze, FL 32561	
CITY-ST-ZIP		
TITLE	Sec/Treas. Matt McEllan	<input type="checkbox"/> Delete
NAME	107 Sabine Dr	
STREET ADDRESS	Pensacola Beach, FL 32561	
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		

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peggy Freeman	
STREET ADDRESS	107 Sabine Dr	
CITY-ST-ZIP	Pensacola Beach, FL 32561	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

Date

850-932-8638

Daytime Phone #

CR2E034 (10/00)