FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91298 044 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043

OLD ADDRESS

1. Entity Name
STROLLIN USA INC
10502 HENDERSON RD
TAMPA, FL. 33625

Strollin USA Inc.
4925 38th Way S. #106
St. Petersburg, FL 33711

DO NOT WRITE IN THIS SPACE

11023955

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 10502 HENDERSON, RD.	Suite, Apt. #, etc.: SAME AS #2
City & State: TAMPA, FL	City & State:
Zip: 33625 Country: HILLSBOROUGH	Zip: Country:

4. FEI Number: 59-3448101 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: SHIRLEY L. EXELBY — Shirley L. Exelby — 4/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	SHIRLEY L. EXELBY
STREET ADDRESS	10502 HENDERSON RD
CITY-ST-ZIP	TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Shirley L. Exelby — 4/22/03 — 813-908-3010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #