

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042327

1. Entity Name
CLASSIC SHOE OUTLET, INC.

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90079 014 ***550.00

Principal Place of Business
1101 BECK AVE.
PANAMA CITY FL 32401

Mailing Address
1101 BECK AVE.
PANAMA CITY FL 32401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3510664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRISTIAN, DON
902 DEGAMA AVE.
PANAMA CITY FL 32401

Name
CHRISTIAN, DON
Street Address (P.O. Box Number is Not Acceptable)

City PANAMA 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 0 ☐ Delete
NAME CHRISTIAN, DAVID W
STREET ADDRESS 11123 TELMAR DR
CITY-ST-ZIP NORTHPORT AL 35475

TITLE 0 ☐ Change ☐ Addition
NAME CHRISTIAN, DAVID W.
STREET ADDRESS 607 MAIN AVE. APT 310
CITY-ST-ZIP NORTHPORT, AL 35476

TITLE 0 ☐ Delete
NAME CHRISTIAN, MARLENE L
STREET ADDRESS 11123 TELMAR DR
CITY-ST-ZIP NORTHPORT AL 35475

TITLE 0 ☐ Change ☐ Addition
NAME CHRISTIAN, MARLENE L.
STREET ADDRESS 607 MAIN AVE. APT. 310
CITY-ST-ZIP NORTHPORT, AL 35476

TITLE 0 ☐ Delete
NAME CHRISTIAN, DON E
STREET ADDRESS 902 DEGAMA AVE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE 0 ☐ Change ☐ Addition
NAME CHRISTIAN, DON E.
STREET ADDRESS 2922 W. 30th CT.
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE 0 ☐ Delete
NAME CHRISTIAN, PAMELA
STREET ADDRESS 902 DEGAMA AVE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE 0 ☐ Change ☐ Addition
NAME CHRISTIAN, PAMELA
STREET ADDRESS 2922 W. 30th CT.
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

7-10-00 (850) 747-8009

CR2 EQ34 11/00