

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90288 001 ***150.00

DOCUMENT # ~~P98000040564~~ P9800006313

1. Entity Name
~~GEM HAIR & NAIL SALON, INC.~~ **GEM FOOTWEAR, INC.**
D.B.A. MICHAEL'S BIRKENSTOCK FOOTWEAR

Principal Place of Business Mailing Address
~~10611 TAMMAMI TRAIL NORTH A-2 NAPLES FL 34108~~
~~10611 TAMMAMI TRAIL NORTH A-2 NAPLES FL 34108-1938~~

R0001004

2. Principal Place of Business 3. Mailing Address
1389 3RD ST. SOUTH **1389 3RD ST. SOUTH**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NAPLES FLORIDA **NAPLES FLORIDA**
 Zip Country Zip Country
34102 **COLLIER** **34102** **COLLIER**

4. FEI Number **59-3522031 65-0007112**
 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCKAY, SHEILA K
675 104TH AVENUE NORTH
NAPLES FL 34108

7. Name and Address of New Registered Agent
 Name **MCKAY, MICHAEL D.**
 Street Address (P.O. Box Number is Not Acceptable) **1389 3RD ST. SOUTH**
NAPLES, FL. 34102
 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 *Michael D. McKay* DATE **4-28-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 | VICE PRES | <input type="checkbox"/> Delete |
| NAME | MCKAY, SHEILA K | |
| STREET ADDRESS | 675 104TH AVENUE NORTH | |
| CITY-ST-ZIP | NAPLES FL 34108 | |
| TITLE | PRESIDENT | <input type="checkbox"/> Delete |
| NAME | MCKAY, MICHAEL D | |
| STREET ADDRESS | 675 104TH AVENUE NORTH | |
| CITY-ST-ZIP | NAPLES FL 34108 | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------------|------------------------------------------------------------------------------|
| TITLE | VICE PRES. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHEILA MCKAY | |
| STREET ADDRESS | 9896 WHITE SANDS PL. | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 | |
| TITLE | PRES. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MICHAEL MCKAY | |
| STREET ADDRESS | 1389 3RD ST. SOUTH | |
| CITY-ST-ZIP | NAPLES, FL. 34102 | |
| 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 | | |

DID NOT RECEIVE THE 2000 UBR FOR GEM FOOTWEAR, INC.
THANK YOU, M MCKAY

13. I hereby certify that the information supplied in 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.

Michael D. McKay **4-28-00** **941-262-2650**