2000 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2000 8:00 am Secretary of State DOCUMENT # **P98000077843** 1. Entity Name SHOES OF THE FISHERMAN, INCORPORATED 04-24-2000 90051 024 ***150.00 Principal Place of Business Mailing Address 316 21ST AVENUE, NE 316 21ST AVENUE. NE ST. PETERSBURG FL 33704-3525 ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59:3534873 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POPE, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 2037 1ST AVENUE NORTH ST. PETERSBURG FL 33713 Zip Code City 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. 66/6: 7JUE | Delete ☐ Addition TITLE FARRELL, KATHLEEN L NAME NAME STREET ADDRESS STREET ADDRESS 316 21ST AVENUE N.E. CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33704 ☐ Change ☐ Addition TITLE ☐ Delete TITLE HARPER, LINDA S NAME NAME STREET ADDRESS STREET ADDRESS 316 21ST AVENUE N.E. CITY=ST-ZIP CITY-ST-7IP ST. PETERSBURG FL 33704 Addition TITLE 500 TO 12 14 Delete TITLE reasurer NAME ce Fischer STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ▼ Addition Delete TITLE NAME NAME 4100 Walsingham Road, Snite STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change NAME NAME STREET ADDRESS 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

04/15/00 1-727-821-5000 Date Daytime Phone #