

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90093 016 ***150.00

DOCUMENT # P990000300881. Entity Name
FOOTLAW.COM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
10991-55 SAN JOSE BLVD.#223
JACKSONVILLE FL 32223Mailing Address
10991-55 SAN JOSE BLVD.#223
JACKSONVILLE FL 322232. Principal Place of Business
Suite, Apt. #, etc.
1111-70 SAN Jose Blvd #335
City & State3. Mailing Address
Suite, Apt. #, etc.
1111-70 SAN Jose Blvd #335
City & StateZip Country
Country4. FEI Number **58-2457037**
Applied For
Not Applicable5. 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****GRIFE, JAY S**
10991-55 SAN JOSE BLVD.,#223
JACKSONVILLE FL 32223Name
Street Address (P.O. Box Number is Not Acceptable)
1111-70 SAN Jose Blvd #335
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) DATE9. 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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	GIRIFE, JAY	2653 RIVERPART DR N	JACKSONVILLE FL 32223	<input type="checkbox"/>
PV	GIRIFE, DONNA	2653 RIVERPORT DR.N	JACKSONVILLE FL 32223	<input type="checkbox"/>
ST	PENTOR, CHARLES	1145 COCKRELL CT	KENNESAW GA 30152	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	FENTON, Charles			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *By Charles F. Fenton* Secretary 1/14/01 404233 5937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)