

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F39784

1. Entity Name

NOBILE SHOES, INC.

FILED

Mar 16, 2000 8:00 am  
Secretary of State

03-16-2000 90066 018 \*\*\*150.00

Principal Place of Business

Mailing Address

420 US 1  
NORTH PALM BEACH FL 33404  
US

420 US 1  
NORTH PALM BEACH FL 33408-5520  
US

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

59-2108281

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

NOBILE, DOMINGOS  
4200 N OCEAN DRIVE  
1604-1  
SINGER ISLAND FL 33404

Name

Street Address (P.O. Box Number is Not Acceptable)

141 CAPE POINT CIRCLE

City

JUPITER

FL

Zip Code

33477

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 the 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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDTS  
NAME NOBILE, DOMINGOS  
STREET ADDRESS 4200 N.OCEAN DR. TOWER A #1604  
CITY-ST-ZIP SINGER ISLAND FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS 141 CAPE POINT CIRCLE  
CITY-ST-ZIP JUPITER FL 33477

☒ Change ☐ Addition

TITLE VP  
NAME NOBILE, DANIEL  
STREET ADDRESS 12805 PACKWOOD RD.  
CITY-ST-ZIP JUNO ISLES FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS 218 HAMPTON COURT  
CITY-ST-ZIP JUPITER FL 33458

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/00 561-842-7400

CR-1 034 (9/99)