## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#** F9900000830

## 1. Entity Name

WOLFF SHOE COMPANY

Principal Place of Business 1705 LARKIN WILLIAM ROAD FENTON MO 63026		Mailing Address					
		1705 LARKIN WILLIAM I FENTON MO 63026	1705 LARKIN WILLIAM ROAD FENTON MO 63026				
]					î ( <b>86</b> )( <b>88</b> )( <b>39</b> ) <b>6)(8</b> (8)() <b>6</b> 8)() <b>6</b> 8)()	Dang bang bang bang banan ka	1 <b>4.1</b> 17117 <b>14.</b> 17 1 <b>4.1</b> 7
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE	IN THIS SPACE	
City & State		City & State	City & State		4. FEI Number 43-0592810 Applied For		
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 A	
	6. Name and Address of Curren	I Registered Agent	<u> </u>			Fee Requ	red
·=	and the second of the second o		Name		7. Name and Address of New Reg		<del></del>
C T COI	RPORATION SYSTEM						
1200 SC	OUTH PINE ISLAND ROAD		Street Address		D. Box Number is Not Acceptable)		<u> </u>
PLANTA <sup>*</sup>	TION FL 33324		-	1,00		· · · · · · · · · · · · · · · · · · ·	
			0.11				
			City			FL Zip Co	
8. The above the obligation	ve named entity submits this statement i ations of registered agent.	or the purpose of changing its	s registered office	or registered	agent, or both, in the State of Florid	da. I am familiar wit	n, and accept
SIGNATURE	=						
OIGHAIGHE	Signature, typed or printed name of registered agen	and title if applicable. (NOT	FE: Registered Agent sign	nature required whe	en reinstating)	DATE	
9. This core	poration is eligible to satisfy its Intangible		!!! FEE IS \$55			-	
Tax filing	requirement and elects to do so.	After September 1:			10. Election Campaign Finance	cing \$5.	<b>00</b> May Be
(See crite	eria on back)	Make Check Payal	ble to Departme	ent of State	Trust Fund Contribution.	☐ Adde	ed to Fees
11.	OFFICERS AND	DIRECTORS	12.			BS AND DIRECTOR	3C IN 11
TITLE	PD	Delete	TITLE	TIZEA	SURE (	Change	Addition
NAME	WOLFF, GARY		NAME	TIMO	THY M. ROSHEIM	L., Change	M Addition
STREET ADDRESS	TO A BUILDING LINE TO THE STATE OF THE STATE		STREET ADDRESS		LARKIN WILLIAM	5 e D	
CITY-ST-ZIP	FENTON MO	<u> </u>	CITY-ST-ZIP	F FW.	TON, MO 630	026	
TITLE -	V	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	CENSKY, CHARLES		NAME				_
STREET ADVACESS CITY-ST-ZIP	1705 LARKIN WILLIAMS RD FENTON MO		STREET ADDRESS				
TITLE		<del></del>	CITY-ST-ZIP				
NAME	KAPLAN, WILLIAM	Delete	TITLE		STARY	☐ Change	🔀 Addition
STREET ADDRESS	1705 LARKIN WILLIAMS RD		NAME STREET ADDRESS	1709	Y HEITZ 5 LARKIN WILLIK	MS RD	
CITY-ST-ZIP	FENTON MO		CITY-ST-ZIP		TON, MO 630		
TITLE :	TD	☐ Delete	TITLE		- DIRECTOR	*	
NAME	BAY, DOUGLAS P		NAME		AS P. BAY	<b>Change</b>	☐ Addition
STREET ADDRESS	1705 LARKIN WILLIAMS RD		STREET ADDRESS		LARKIN WILLIAM	4 = ED	
CITY-ST-ZIP	FENTON MO		CITY-ST-ZIP		TON, MO 630		İ
TITLE	CD	☐ Delete	TITLE			Change	Addition
NAME	WOLFF, WILLIAM P		NAME	1		ondrige	
STREET ADDRESS CITY-ST-ZIP	1705 LARKIN WILLIAMS RD	•	STREET ADDRESS				
	FENTON MO		CITY-ST-ZIP		<u> </u>		
TITLE	D	Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ 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 all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

BARKEN, BERNARD A

ST LOUIS MO

500 NORTH BROADWAY, STE 2000

**FILED** 

Jul 15, 2002 8:00 am Secretary of State

07-15-2002 90185 010 \*\*\*150.00



WOLFF SHOE CO. • P.O. BOX 1320 • 1705 LARKIN WILLIAMS ROAD • FENTON, MO 63026 • PHONE (636) 343-7770 • FAX (636) 326-4922

July 9, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

This letter is in response to you 2002 Uniform Business Report form recently received which includes a \$400.00 late fee. The corporation did not receive the prior notice.

We have enclosed our check in the amount of \$150.00 for the original filing fee and respectfully request that the late be fee be waived.

Very truly yours,

**WOLFF SHOE COMPANY** 

Timothy M. Rosheim, CPA

Treasurer

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