## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # H95048**

1. Entity Name

TOM'S SHOE REPAIR, INC.

Principal Plac	e of Business	Mailing Address		<del>-</del> -{			
Principal Place of Business 1911 DREW ST CLEARWATER FL 34625 US		1911 DREW STREET CLEARWATER FL 33765-3024 US			AU04440	1	
2. Principal P	lace of Business	3. Mailing Address		_			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		_	DO NOT WRITE IN T		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
City 9 Chate		City & State		A EC	Number 50 0000404	<del></del>	Applied For
City & State		City & State			59-2623434 Not Applicable		
Zip	Country	Zìp	Country	<b>5.</b> Ce	rtificate of Status Desired	<b>\$8.75</b> A Fee Requ	dditional ired
	6. Name and Address of Current	Registered Agent		7. Na	me and Address of New Registe	ered Agent	
			Name				ļ
PERRY, TIMOTHY J 3310 SAN JOSE STREET			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
CLE/	ARWATER FL 34619		City	<del></del>		<b>□</b> Zip Co	200
			City			FL Zip Co	
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or regi	istered agen	t, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature rec	quired when reins	tating) (	DATE	<del> </del>
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 20	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S		Election Campaign Financin     Trust Fund Contribution.		.00 May Be led to Fees
11.	OFFICERS AND	<u> </u>	12.		TIONS/CHANGES TO OFFICERS	S AND DIRECTO	DRS IN 11
TITLE	PD	☐ Delete	TITLE			☐ Chang	
NAME	DONOVAN, KENNETH K.		NAME				
STREET ADDRESS	411 PALM ISLAND S.E.		STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL	<del></del>	CITY-ST-ZIP -				
TITLE NAME	VD	☐ Delete	TITLE NAME			Chang	e
STREET ADDRESS	PERRY, TIMOTHY J. 3310 SAN JOSE ST		STREET ADDRESS				}
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP				
TITLE	TD	☐ Delete	TITLE			☐ Chang	e 🔲 Addition
NAME	PERRY, GEORGIANN D.		NAME				{
STREET ADDRESS CITY-ST-ZIP	3310 SAN JOSE ST.		STREET ADDRESS CITY-ST-ZIP				
	CLEARWATER FL		<del> </del>			☐ Chang	e 🔲 Addition
TITLE NAME		☐ Delete	TITLE : NAME			Onling	o
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Chang	e 🔲 Addition
NAME			NAME OTREET ADORSON				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				ļ
TITLE		☐ Delete	TITLE				e 🔯 Addition
NAME		☐ D¢icie	NAME			c.ang	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	}		CITY-ST-ZIP				}

SIGNATURE: XOOD OF THE SIGNATURE OCO STORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

**FILED** 

Apr 22, 2000 8:00 am Secretary of State

04-22-2000 90133 018 \*\*\*150.00