FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State

| DOCUMENT # H95048 | | 05-15-2002 90075 040 ***150.00 | | | | | | |
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| 1000 0100 114 | |) | | | | | | |
| <u> f </u> | | - | | | | | | |
| DO NOT WRITE | IN THIS SP | PACE | | | , | | | |
| 2. Principal Place of Business i 911 DRW STET | 3. Mailing Address | | 4 | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| CLERWARL [J | | | | 4. FEI Number Applied Fig. 19 | | | | |
| Zip Country | Zip | Country | 5, | 5. Certificate of Status Desired \$8.75 Additional | | | | |
| 20100 | | Na Na | 7. N | lame and Address of Current Registers | Fee Required d Agent | | | |
| DO NOT W | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| IN THIS SPACE | | | Silver Address (F.O. Box Normber is Not Acceptable) | | | | | |
| | | Cit | <u> </u> | <u> </u> | Zip Code | | | |
| The above named entity submits this statement for | or the purpose of changing its re | egistered off | ce or registered a | FI | <u> </u> | | | |
| | | | , | | į | | | |
| Signature, typed or printed name of registered agent | | | agnature required when | renstating) DATE | | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on book) After May 1, Fee Amended UBR | | | 30.00 | 10. Election Campaign Financing | \$5.00 May Be | | | |
| (See criteria on back) | Make Check Payable | to Depart | ment of State | Trust Fund Contribution. | Added to Fees | | | |
| TITLE DEPOH TO COUNTY | · | TITLE | | | | | | |
| NAME STREET ADDRESS 33.10 Sm 506 | 22.12.50 | | RESS | | | | | |
| CITY-ST-ZIP CLEARWARD A | <u> 33751</u> | CITY-ST-ZIF | 1 | | | | | |
| TITLE POERN, GELDGIAM D TITLE | | | • | | | | | |
| | | STREET ADDS | I | | | | | |
| TITLE | | TIFLE | 1 | | | | | |
| NAME STREET ADDRESS | | NAME STREET ADDE | | DO NOT WRI | TE | | | |
| TITLE | ST-ZIP CITY- | | | *************************************** | | | | |
| NAME | | NAME STREET ADDR | ree | IN THIS SPAC | JE | | | |
| CITY-ST-2IP | | CITY-ST-ZIP | 133 | | | | | |
| TITLE NAME | | TITLE NAME | | • | | | | |
| STREET ADDRESS CITY-ST-ZIP | | STREET ADDR | ess | | | | | |
| TITLE | | TITLE | | | | | | |
| NAME STREET ADDRESS | | NAME Street addr | 22. | | | | | |
| CITY-ST-ZIP 13 Upgraphy certify that the information symplicid with | this filing door as to all the | CITY-ST-ZIP | | 440 07/01/2 | | | | |
| 13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee explanations. | wered to execute this report a | | | | | | | |
| SIGNATURE CONTROL SIGNATURE | DOWNERD . | | h | 96/02 | sylime Phone # | | | |
| | The state of the s | | | Date Di | ryseed CINNER | | | |

| 200 | 2 UNI | FORM BUS | SI TSS REPO | RT | (UBI | R) | ATTH | CHM | FI | 77 | |
|---------------------------------------|--|--|---|------------------------------------|--|-------------|-----------------------|-------------------------------------|----------------------------|--|--|
| II . | JMENT | # H950 | 48 | - h | | | | Nla | | 71 | |
| 1. Entity Na | ame SHOE REPA | | | le de de | • • | | | | • | | * |
| 1911 DREW CLEARWATE | ace of Business ST R FL 34625 | | Mailing Address 1911 DREW STREET CLEARWATER FL 34625 | | | | | lecec | 001 | //- | , |
| US | | | US | 1 | | į | | | | | |
| 2. Principal | Place of Busine | ess | 3. Mailing Address | | | | | | | | |
| Suite, Ap | ot. #, etc. | . 18. 4 | Suite, Apt. #, etc. | 1 | | - | | DO NOT WRIT | E IN THIS | | |
| City & Sta | ate | 1544 | City & State | | | | 4. FEI Number | 59-2623434 | | | Applied Fo |
| 337 | 65 | Country | 33765 | Count | try | 17.25 | 5. Certificate of S | Status Desired | | \$8.75 / | Additional |
| | 6. Name a | and Address of Current | Registered Agent | | Name | | 7. Name and Ad | dress of New R | egistered | Agent | |
| | nmothy j n jose stre | :CT | | | • | dress (F | P.O. Box Number is | Not Acceptable |) | | |
| | ATER FL 346 | | | | | | | | | | |
| | | | | : | City | | | | FI | Z ₂ C | |
| 8. The above | e named entity | submits this statement for | or the purpose of changing its | registere | d office or | registére | ed agent, or both, in | the State of Flo | rida. | ئىلىنىڭ ئىلىنى ئىلىنىڭ ئىلىنىڭ ئىلىنى | ــــــــــــــــــــــــــــــــــــــ |
| SIGNATURE | | printed name of registered agent | and title if annionable (AVATE | t Paristrand | | | when reinstating) | | ; DATE | | • |
| Tax filing | | le to satisfy its Intangible delects to do so. | The desirate many property and the second party and the | ll FEE I 2 Fee v | S \$150:0 VIII be \$55 | 0 0.00 | 10. Election | n Campalgn Fina und Contribution | - | | .00 May Eled to Fees |
| 11. | 00 | OFFICERS AND | | 12. | Swotaning | | ADDITIONS/CHA | ANGES TO OFFI | CERS ANI | DIRECTO | RS IN 11 |
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| TITLE | VD | | ☐ Delete | TITLE | 31-ZIF | | | <u></u> | 376 | ↑ Change | ☐ Addi |
| NAME STREET ADDRESS CITY-ST-ZIP | PERRY, TIM 3310 SAN J CLEARWATE | OSE ST | | NAME STREET CITY-S | ADDRESS | | • | 3 | 375 | - · | |
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| NAME STREET ADDRESS CITY-ST-ZIP | PERRY, GEO 3310 SAN J CLEARWATE | OSE ST. | | NAME STREET CITY-S | ADDRESS | | , | · 2 | 3 7 9 | 59 | |
| TITLE NAME | | | ☐ Delete | TITLE | | | *** | | | ☐ Change | Addii |
| STREET ADDRESS CITY-ST-ZIP | | | | _ | ADDRESS | ŕ | | | | | |
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| STREET ADDRESS CITY-ST-ZIP | | | | STREET CITY-S | ADDRESS T-ZIP | | | | ¥. | | • |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | • Delete | TITLE NAME STREET CITY-ST | ADDRESS | | | ٠ | . • | ☐ Change | ☐ Addit |
| 13. I hereby of indicated of the corr | poration or the r | receiver or trustee empor ment with an address, w | this filing does not qualify for the true and accurate and that my wered to execute this report as it all other like empowered. | he exemply signatures required | otion stated re shall hav d by Chapt | | | | th; that I a appears in | | |