

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K82925

1. Entity Name

INSTANT SHOE DOCTORS, INC.

FILED

Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90120 042 \*\*\*150.00

Principal Place of Business

Mailing Address

7200 US HWY 19  
SUITE 896  
PINELLAS PARK FL 34665-4622  
US

7200 US HWY 19  
SUITE 896  
PINELLAS PARK FL 33781-4622  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2959939

Applied For

Not Applied For

Zip

Country

Zip

Country

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

FORDHAM, GARY  
1106-15TH AVE. N.W.  
LARGO FL 34640

705 20th ST NW  
Largo, FL 33770

Name

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

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)

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 ☐ Delete  
NAME P  
STREET ADDRESS FORDHAM, GARY  
CITY-ST-ZIP 7200 US 19 NORTH #896  
PINELLAS PARK FL

TITLE ☒ Change ☐ Additor  
NAME 705 20th ST NW  
STREET ADDRESS Largo, FL 33770  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME M  
STREET ADDRESS FORDHAM, GARY  
CITY-ST-ZIP 7200 US 19 N 896  
PINELLAS PARK, FL

TITLE ☒ Change ☐ Additor  
NAME 705 20th ST NW  
STREET ADDRESS Largo, FL 33770  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Additor  
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STREET ADDRESS  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Additor  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Additor  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00