

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M24745

1. Entity Name

RITE-WAY SHOE REBUILDERS, INC.

Principal Place of Business

C/O THE COBBLER
132 APPALACHIAN ST.
BOONE NC 28607
US

Mailing Address

C/O THE COBBLER
132 APPALACHIAN ST.
BOONE NC 28607
US

2. Principal Place of Business

C/O The Cobbler Shop

291 1st Ave, SE

Hickory NC

28602 USA

3. Mailing Address

C/O The Cobbler Shop

P.O. Box 2449

Blowing Rock, NC

28605 USA

02-01-2001 90130 005 ***900.00

FILED M24745

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 12 PM 4:54



REINSTATEMENT 00-01

4. FEI Number 59-2611926

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEYERS, MARILYN
8671 CORAL WAY
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name Marilyn Meyers

Street 9497 SW 9a Street

City miami FL 33176

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE DV
NAME MEYERS, MARILYN J.
STREET ADDRESS P.O. BOX 2449
CITY-ST-ZIP BLOWING ROCKS NC 28605

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 64-14-00 90166 014 \$150.00

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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 #

2/9/01